

Retirement has more potential with

**PRUDENTIAL**

# Application form

Please use black ink and write in CAPITAL LETTERS or tick  as appropriate. Any corrections must be initialled. Please do not use correction fluid as this will invalidate your application.

## About this form

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If you have any questions about this form, you can call us free on **0800 000 000** between 8am and 6pm Monday to Friday. Calls may be monitored or recorded for quality and security purposes. Please return all 4 pages of this form in the enclosed reply paid envelope to:

**Prudential, Stirling FK9 4UE**

**Warning:** Please ensure the following answers are true and complete. Failure to disclose material facts (i.e. facts likely to influence our assessment or acceptance of this application) may lead to cancellation of the contract. If you are in any doubt as to whether facts are material, full details should be provided.

This form should only be used for increasing regular contributions to MaxiPension or the payment of single contributions to MaxiPension or OmniPension.

## Part A – Member's personal details

Contributions under this application will be applied to secure benefits in accordance with the provisions of a Company Pension Policy (MaxiPension and OmniPension)

Member's name

Scheme name

Policy number

Date of birth

D	D	M	M	Y	Y	Y	Y
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Scheme number

National Insurance number

## Part B – Regular contributions

Complete when incrementing an existing MaxiPension. Insert increment amount only, do not include any existing contributions and, where payable monthly, insert monthly amount. Selected Normal Retirement Date and investment details remain unchanged.

Employer's regular contribution £

Employee's regular contribution £

Rate of annual indexation required on regular contributions (Select one – see Notes)

% P.A.  OR N.A.E.  OR NIL   
*(Whole number only Min. 5% Max. 15%)* *(Tick for National Average Earnings Index)* *(Tick if required)*

When do you want contributions to start?    
*Month Year*

1. For existing plans with nil indexation you may select any indexation rate. For an existing plan with indexation, you must select the same rate or nil indexation.

2. When selected, indexation will apply to the total contributions (existing and new) being paid to the scheme for this member. The first increase will take place on the review date which follows or which coincides with a date six months after the start of this application.

## Part C – Single contributions

Single contribution £

Complete as appropriate

Member's contribution, if any, included in the above single contribution £

Please indicate which funds you wish to invest in (maximum of six funds).

Fractions of 1% should not be used.

New investment in the With-Profits Fund is not permitted within three years of Normal Retirement Date. If you do select the With Profits Fund and the member is within three years of Normal Retirement Date, this will be treated as an application to invest in the Cash Fund.

Fund	% Contributions
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<b>Total</b>	100%

Please tick if the Pension Protector option is required

The option, if selected, applies only to the benefits arising from the contributions in this application.

## Part D – Death-in-service lump sum benefits

Complete when incrementing regular contributions to a MaxiPension

Please show the lump sum death benefit required in addition to the existing benefits

£

*If there is already a lump sum death-in-service benefit under the existing policy, any cover to be added must be provided in the same manner.*

If the death-in-service benefit under the existing policy is a return of the retirement fund only, is the contribution for the lump sum to be included in the contributions shown overleaf?

Yes  No

If **YES**, is the return of the retirement fund to be included in or additional to the lump sum benefit?

Included  Additional

Is the Whole of Life Option required?

Yes  No

If **YES**, or if the lump sum applied for exceeds any increment free cover available, the member should complete a separate Health Questionnaire (form ref. Y816)

Has the member been absent due to illness or injury in the last two months?

Yes  No

If **YES**, please state duration and reason for absence

**If earnings have changed since last giving information to us, please show the current position.**

Yearly earnings £

This earnings figure will allow us to give you more relevant quotations. We will compare estimated eventual benefits with the estimated retirement earnings. If you don't give an earnings figure, we will use the current national average earnings figure projected to the retirement date for the comparison.

## Part E – Declaration

We declare that, to the best of our knowledge and belief, the information on this form is true and complete.

We request that the benefits for the member are increased in accordance with this application.

Signed for and on behalf of the Trustees

Date

X

D	D	M	M	Y	Y	Y	Y
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Copies of the plan terms and the conditions and completed application form are available on request.

**Part F – Essential information – to be completed by the Financial Adviser**

Source of funds for this investment

(e.g. UK bank account, overseas bank account)

Source of wealth

(Origin of funds for this investment e.g. employer contribution, trustee bank account. If other, please detail.)

**For Prudential use only**

Cheque Acknowledgement Number

Cheque Amount

Date Stamp

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