



Application and income payment form A

Below Standard Lifetime Allowance

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

Please read the Key Features document as this will provide you with important information regarding the key risks and benefits of the product to help you make a decision.

Please fully complete the information on this form and send it to us at the following address:

**Prudential
Craigforth
Stirling
FK9 4UE**

It is important to answer all of the questions to the best of your knowledge and belief and disclose all material facts. Material facts are facts that an insurer would regard as likely to influence the assessment and acceptance of a proposal. Failure to disclose material facts, where a policy is then issued, may result in all or part of the benefits applied for being withdrawn. If you are in any doubt about whether a fact is material or not you should tell us about it on this form. This form must be signed in Part 6 and in all instances all pages must be returned.

Your annuity will be set up once we receive all our requirements. Sometimes the amount we receive to buy your annuity may be different to the amount we assumed in your quote. If there is a difference of more than 10% we'll contact you with a new quote.

We'll also contact you with a new quote if there is a difference in your starting income of more than 10%. For example, this may be because your postcode is different to the one shown in your quote.

If you're buying an Income Choice Annuity, a change in the amount we receive and/or a change in your starting income may also mean a change in the Required Smoothed Return needed to maintain the starting income you choose. Please note, we'll only notify you about a change in the Required Smoothed Return if we need to contact you with a new quote.

Important note – This form is only to be used where:

- You are below the current standard Lifetime Allowance and are not relying on protection of any kind
- Plans involved are UK registered Pension Schemes

If your plans are NOT subject to either of the above please contact us on the telephone number shown on your quotation. You will then need to complete Application and income payment form B.

Please complete in all instances:

Your full annuity quote reference

A	Q																		
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If you have a quote with more than one option, please select the one which best suits your needs and tell us here

Please complete the boxes below if you have a Prudential Pension. If not, please go to Part 1.

Your Prudential Pension Policy Number
(if applicable)

OR

Scheme Number/Scheme Name
(if part of a Prudential Pension Scheme)

Please go to Part 1.

Part 1 – Personal details

Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other	<input type="text"/>
Surname	<input type="text"/>				Forenames	<input type="text"/>				
N. I. Number	<input type="text"/>				Daytime telephone number	<input type="text"/>				
Your date of birth	<input type="text"/>									
Your home address	<input type="text"/>									
	<input type="text"/>									
					Postcode					
E-mail address	<input type="text"/>									
Full name of spouse/civil partner/dependant (only complete if applying for a Joint-life annuity)	<input type="text"/>									
Their date of birth	<input type="text"/>									

Part 2 – Your payment details

Your income and any tax-free cash will automatically be paid to the bank or building society shown below. If you require your tax-free cash to be paid to a different account please let us know in writing.

UK Bank Account details

Name of Bank or Building Society	<input type="text"/>				
Name of Account Holder	<input type="text"/>				
Bank Account Number	<input type="text"/>		Building Society Roll Number (if applicable)	<input type="text"/>	
Sort Code	<input type="text"/>				

Please note that we will not make annuity payments by cheque and that we only make payments into a UK personal bank account in your name. It cannot be a business account.

This is the six digit number shown on your cheque book or bank card.

Part 3 – Current scheme details

Please provide separate details for each pension plan that you're using to buy your annuity.

It helps us to have the full name of your existing pension scheme, but if you don't know it, the full name of your existing pension provider and your existing plan/policy/membership number will be enough.

*Open Market Option:

- › This will speed up the payment of the tax-free cash.
- › You will remain a member of your existing scheme.
- › You **will not** be able to combine all your pensions into one annuity contract. Each Open Market Option must have its own individual annuity.

Transfer:

- › You will no longer be a member of your existing scheme and you become a member of the Prudential Pension scheme.
- › You may be able to combine all of your pensions into one annuity and so receive your pension income at the same time.

Please complete the scheme name(s) or types(s) of pension plan you are using to buy this annuity. Any money paid in respect of this application will be applied as soon as practical after acceptance. No interest or growth is payable on funds held before your annuity goes into payment.

Existing pension plan details

Full name of existing pension **provider** (if your existing provider is us please write Prudential in this box)

Full name of existing pension **scheme** – your existing provider can tell you this. If it's us and you need help with any of the information below, please contact us.

Existing plan/policy/membership number

Approximate Non Protected Rights fund value to be used to purchase this annuity

Approximate Protected Rights fund value to be used to purchase this annuity

Are the above fund value(s) the full value of the existing plan?

Yes

No

Do you want to take a tax-free lump sum?

Yes

No

- › If **Yes**, the maximum amount of tax-free cash you can take is normally 25% of your combined funds.

Would you like to take maximum tax-free cash?

Yes

No

If **No**, please tell us the percentage **or** amount you would like to take.

So your annuity can be set up, please complete the following:

- › If your existing pension provider is **NOT** Prudential

Are you taking an Open Market Option or a Transfer*?

Open Market Option Any tax-free cash you take will be paid to you by your existing provider before they send the rest of your fund to us to set up your annuity.

Transfer Your total fund is transferred from your existing provider to us. Prudential will pay any tax-free cash once your annuity has been set up.

OR

- › If your existing pension provider is Prudential

Are you taking an Open Market Option or a Transfer*?

Open Market Option Any tax-free cash you take will be paid to you by your existing Prudential pension scheme. The remaining funds will be transferred to set up your annuity.

Transfer Your total fund is transferred from your existing Prudential pension scheme to set up your annuity. Any tax-free cash will be paid once your annuity has been set up.

If you have more than one pension, please complete details for your other pension plan on the next page.

If you don't have any other pension plans, please read Part 4 and Part 5 then complete Part 6 and Part 7.

Part 3 – Current scheme details – continued

Only complete the following section if you are buying this annuity with more than one pension plan.

Existing pension plan details

Full name of existing pension provider (if your existing provider is us please write Prudential in this box)

Full name of existing pension scheme – your existing provider can tell you this. If it's us and you need help with any of the information below, please contact us.

Existing plan/policy/membership number

Approximate Non Protected Rights fund value to be used to purchase this annuity

Approximate Protected Rights fund value to be used to purchase this annuity

Are the above fund value(s) the full value of the existing plan?

Yes No

Do you want to take a tax-free lump sum?

Yes No

➤ If **Yes**, the maximum amount of tax-free cash you can take is normally 25% of your combined funds.

Would you like to take maximum tax-free cash?

Yes No

If **No**, please tell us the percentage **or** amount you would like to take.

So your annuity can be set up, please complete the following:

➤ If your existing pension provider is **NOT** Prudential

Are you taking an Open Market Option or a Transfer*?

Open Market Any tax-free cash you take will be paid to you by your existing provider before they send the rest of your fund to us to set up your annuity.

Transfer Your total fund is transferred from your existing provider to us. Prudential will pay any tax-free cash once your annuity has been set up.

OR

➤ If your existing pension provider is Prudential

Are you taking an Open Market Option or a Transfer*?

Open Market Any tax-free cash you take will be paid to you by your existing Prudential pension scheme. The remaining funds will be transferred to set up your annuity.

Transfer Your total fund is transferred from your existing Prudential pension scheme to set up your annuity. Any tax-free cash will be paid once your annuity has been set up.

If you are using more than 2 pensions plans to purchase this annuity, please provide details for any additional plans on a separate sheet.

If you don't have any other pension plans, please read Part 4 and Part 5 then complete Part 6 and Part 7.

*Open Market Option:

- This will speed up the payment of the tax-free cash.
- You will remain a member of your existing scheme.
- You **will not** be able to combine all your pensions into one annuity contract. Each Open Market Option must have its own individual annuity.

Transfer:

- You will no longer be a member of your existing scheme and you become a member of the Prudential Pension scheme.
- You may be able to combine all of your pensions into one annuity and so receive your pension income at the same time.

If you are unsure how to calculate the value of your benefits, please refer to your Financial Adviser or your existing provider.

Declaration to Existing Pension Provider

- › I would like to take the benefits from the plan(s) listed in Part 3.
- › I authorise you to release all necessary information to Prudential to enable the transfer of funds to Prudential.
- › I authorise you to transfer the funds from the plan(s) listed in Part 3 directly to Prudential.
- › I authorise you to obtain from and release to the Financial Adviser named in this application any additional information that may be required to enable the transfer of funds.
- › Please pay me any tax-free cash as instructed and where I have selected the open market option, pay the balance of the funds to Prudential to provide me with an annuity on the basis set out in the quotation indicated in this application.
- › I confirm that, where Protected Rights are included in this annuity purchase, this is how I wish to give effect to these Protected Rights.
- › Please transfer the fund(s) listed in Part 3 to Prudential. Where you have asked me to give you the original policy document(s) in return for the transfer of the funds and I am unable to do so, I promise to accept responsibility for any claims, losses and expenses of any nature which you may incur as a result of having made the transfer(s) listed in Part 3.
- › Until this application is accepted and complete, Prudential's responsibility is limited to the return of the total payment(s) to the Existing Provider.
- › Where the payment(s) made to Prudential represents all of the funds under the plan(s) listed in Part 3, then payment made as requested will discharge the existing Provider(s) of all claims and responsibilities in respect of the plan(s) listed and where payment(s) made to Prudential represent(s) part of the fund(s) under the plan(s) listed in Part 3, then the existing Provider will be discharged of all claims and responsibilities only in respect of part of the plan(s) represented by the payment(s).

Declaration to Prudential and Existing Pension Provider

- › I confirm that the value of all the pensions and tax-free cash sums I have already taken combined with the benefits I am taking now are below the current standard Lifetime Allowance Threshold.
- › I'll be solely responsible for any additional tax charges or any penalties which arise if the information provided in this application is incorrect or if I have failed to comply with any aspect of this application.

- › In addition, I promise to accept responsibility in respect of any claims, losses and expenses that Prudential and my existing provider(s) may incur as a result of any incorrect information provided by me in this application or of any failure on my part to comply with any aspect of this application.
- › I understand that existing arrangement transfer value/Open Market Option value quoted may not be guaranteed and that the fund value may be calculated on the date of the payment and may not be as shown in the quotation.
- › Where I have chosen to take it, I confirm that I have no intention of "recycling" any tax-free cash detailed in my quote (i.e. investing the tax-free cash in another pension contract in a way that would breach HMRC rules).

Declaration to Prudential

- › I accept the annuity quotation shown on page 1 provided that the total pension fund or annuity is within 10% of the figure shown in this quotation.
- › Where appropriate, I apply for membership of The Prudential (Corporate) Personal Pension Scheme and for one arrangement to be established under it and I agree to be bound by the rules of the scheme.
- › I confirm that at the time of making this application I am a UK resident.
- › I confirm that the terms of this application, any other written statement by me or on my behalf to Prudential, the answers to any additional questions put to me by Prudential's Medical Examiner, together with Prudential's acceptance shall form part of any relevant contract and to the best of my knowledge and belief are true and complete. Prudential may change the terms of the contract if I have given incomplete or inaccurate information.
- › I've read the key features document and quotation and I'm aware of my cancellation rights.
- › I confirm that I'm not the subject of a bankruptcy order which affects my rights to get this income.
- › I authorise the Financial Adviser acting as my agent to submit information contained in my application form online to Prudential where appropriate.
- › By completing this form, I understand that I am applying for the removal of any restrictions in my existing policy/contract terms relating to my benefits where such restrictions are no longer necessary because of the 6th April 2006 legislation changes. Prudential agrees to the removal of these restrictions and confirms that this constitutes an endorsement to the policy/contract terms to allow for the legislation effective from 6th April 2006.

Access to medical reports

It is our policy to obtain a random sample of medical reports shortly after acceptance of an enhanced annuity to monitor the accuracy and completeness of information given. By signing the declaration you will be giving us the right to request a medical report. Your rights under the Access to Medical Reports Act remain the same. In the event that the medical report highlights a material fact you have knowingly disclosed incorrectly, we reserve the right to reconsider the terms offered to you which may result in your income reducing.

Before we can ask any doctor that you have consulted to fill in a report, we need your permission under the Access to Medical Reports Act 1988.

Your rights under the act are as follows:

- › You do not need to give your permission, but if you do not, we may not be able to go ahead with your application. This does not prevent you from applying to other companies for insurance.
- › You can ask to see the report before the doctor returns it to us. If this is the case, we will tell the doctor to keep the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report to us.
- › If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us. We can send a copy of the report to your doctor if you ask to see it at a later date.
- › If you think that any part of the report is not correct or is misleading, you may ask the doctor to amend it.
- › If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.
- › Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following:

Your current health

- › Any care, medication or treatment you are currently receiving, the results of referrals or tests you are waiting for and any time off work you've had in the last three years.

Your past health

- › Details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of:
 - malignancy (cancer), cardiovascular (heart) disease, diabetes, and degenerative (gradually worsening) diseases;
 - musculoskeletal disease or injury, for example, arthritis, rheumatism, back problems or any other;
 - disorder of the joints or muscles;
 - anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue;
 - suicidal thoughts or attempts at suicide;
 - conditions related to drug or alcohol misuse or smoking or chewing tobacco;
- › Details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (tests on urine), x-rays or other investigations;
- › Any blood pressure readings in the last three years;
- › Any history of disease among your parents or brothers or sisters that you have told your doctor about.

We ask your doctor not to reveal information about:

- › negative tests for HIV, hepatitis B or C; or
- › any sexually-transmitted diseases unless there could be long-term effects on your health.

If you have any questions about your rights under the act or questions relating to the process of getting, assessing or storing medical information, please write to:

**Chief Medical Officer
Prudential
Stirling
FK9 4UE**

**Enhanced Annuity Declaration
(for Enhanced Annuities only)**

- I/We agree to you asking any doctor I/we have consulted about my/our physical or mental health to provide medical information so you may assess my/our proposal.
- This information can also be used to maintain management information for business analysis.
- I/We agree that a copy of this consent shall have the validity of the original.
- I/We have read the declaration and information relating to my/our rights under the Access to Medical Reports Act.

How we use your personal data

The Prudential Assurance Company Limited, its group companies* and its business partners will use your information together with other information for administration, credit decisions, customer services, marketing and profiling your purchasing preferences. We will pass your information to them (including our service providers and agents) for these purposes. If you are a joint applicant, we will also pass your information to the other joint applicant/s.

For certain products, we may search the files of credit reference agencies that will record any credit searches on your file. This is to help us make credit decisions about you, to prevent fraud, to check your identity and to prevent money laundering. We may disclose details of how you conduct your account to such agencies. The information will be used by other credit grantors for making credit decisions about you and the people with whom you are financially associated, for fraud prevention, money-laundering prevention and occasionally for tracing debtors. This information may be used to recheck these purposes. We will pass your information to any legal or regulatory body if required to do so.

* The Prudential Assurance Company Limited is part of the Prudential group of companies which at the time of printing includes Prudential UK & Europe, the M&G Investments Group, Prudential Corporation Asia, Jackson National Life, and PPM America Inc (indirect wholly owned subsidiary).

For certain products, we will need to process sensitive personal data such as health data. It may also be necessary, for the above purposes, to transfer your information to countries that provide a different level of data protection from the UK. In such circumstances, we will put a contract in place to ensure your information is protected. By completing and submitting this form, you consent to us processing your sensitive data and to the processing mentioned above.

You have a right to obtain a copy of your personal information (for which we may charge a fee) and to have any inaccuracies corrected by writing to:

**The Information Risk & Privacy Team,
The Prudential Assurance Company Ltd,
3 Sheldon Square, London W2 6PR.**

To make sure we follow your instructions correctly and to improve our service to you through training of our staff, we may monitor or record telephone calls.

Acting on someone's behalf?

When giving us information about another person, you confirm that they have appointed you to act on their behalf. This includes providing consent to:

- the processing of their personal and sensitive data
- receive any data protection notices on their behalf
- receive marketing information as indicated.

Marketing choice

We would like to keep you updated with information on our products and services. To do this we would like to contact you by telephone, e-mail or text. If you would not like to be contacted, please tick this box.

By signing, you are confirming that you have read Part 4, 5 and 6.

Signature of applicant

X

Date signed

D	D	M	M	Y	Y	Y	Y
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Signature of dependant (only required if dependant is applying for enhanced terms)

X

Date signed

D	D	M	M	Y	Y	Y	Y
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We will assume that you do not want to see a copy of the report. If you do, please contact us.

WARNING: Please remember it is a serious offence to make false statements, the penalties are severe and could lead to prosecution.

A copy of this application and the terms and conditions of the contract are available on request.

Continued overleaf

Part 7 – Checklist

Please use this checklist to double check you have completed all the information we need in this form, in order to set up your annuity.

Tick as appropriate.

The full annuity quote reference and if applicable, the quote option number (Page 1)	<input type="checkbox"/>
Personal details (Part 1)	<input type="checkbox"/>
Phone number (Part 1)	<input type="checkbox"/>
Dependant's details (if applicable) (Part 1)	<input type="checkbox"/>
Bank details (Part 2)	<input type="checkbox"/>
All plan/policy/membership numbers (Part 3)	<input type="checkbox"/>
Signature and date (Part 6)	<input type="checkbox"/>

Part 8 – Advice notification (For Adviser use only)

This section should only be completed by a Financial Adviser, if appropriate.

This section is for your Financial Adviser to complete, so if you have an Adviser please ask them to complete it. If you are not using a Financial Adviser then this section does **not** need to be completed.

Was face to face advice provided as part of this sale?

Yes No

Complete this part of the form if you are the Adviser in this transaction, and return it to Prudential. If this section is not completed, for FSA reporting purposes, this sale will be reported as an advised transaction.

I/we confirm that the benefits and commencement date in respect of the accepted annuity are in accordance with the rules of the scheme.

Has advice been given and a recommendation made (advised sale)?

Yes No

Adviser's Signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Your firm's FSA reference number

R.I. Number

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e.g. A B C 1 2 3 4 5

Your firm's telephone number

Your office email address



www.pru.co.uk

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