

Part 1 – Personal details

Title Mr Mrs Miss Ms Other

Surname

Forenames

N. I. Number

Daytime telephone number

Date of birth

Your home address
 Postcode

E-mail address

Full name of spouse/civil partner/dependant (only complete if applying for a Joint-life annuity)

Their date of birth

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.

Your UK Bank Account details

Name of Bank or Building Society

Name of Account Holder (personal or joint name only)

Bank Account Number

Building Society Roll Number (if applicable)

Sort Code

Please note that we will not make payments by cheque and we can only make payments to 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 complete the scheme name(s) or types(s) of policy 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 is payable on money before income purchase.

Scheme name or insurance company	Scheme/policy type/policy number
1.	
2.	
3.	
4.	

Part 4 – Lifetime Allowance declaration

Taking benefits when you have a personal Lifetime Allowance or your benefits exceed the standard Lifetime Allowance

There is an overall Lifetime Allowance (LTA), which will cover all your pension plans, however many you have. If the value across all your pension plans exceeds the LTA at the time you take your benefits, a tax penalty will be payable on the excess amount. This limit is commonly referred to as the standard Lifetime Allowance.

Please visit www.hmrc.gov.uk for more information on this limit.

For people with a protected early retirement age of earlier than 55, their Lifetime Allowance may be different to the standard Lifetime Allowance.

Important notes

- This form provides the information needed to meet HMRC rules, so must be fully and correctly completed. Anyone making a fraudulent or negligent claim in respect of entitlement to enhanced Lifetime Allowance may become liable to a significant penalty.
- The information needed is fairly complex. You may want to get advice from your Financial Adviser. You may be charged for this advice.
- You should keep a copy of this form as it may be useful if you are taking further benefits at a later date.
- This is based on our understanding as at November 2011, of current taxation, legislation and HMRC practice, all of which are liable to change without notice. The impact of taxation (any tax reliefs) depends on individual circumstances.

Information we need from you

Do you have any other pensions (*elsewhere and/or with Prudential*)?

Yes No

Are you already getting a pension income from any previous employer's scheme or other pensions (*elsewhere and/or with Prudential*)?

Yes No

If you answered **No** to both of these questions, please go to step 4.

If you answered **Yes** to either of these questions, please complete the steps in the following tables. These cover details of all of your UK pensions but ignore pensions from the State.

Information we need from you – continued

Step 1: What benefits are you taking now?

Do you expect to take other benefits on, immediately before or just after the benefits covered by this quote?

Yes No

If **No**, go to step 2.

If **Yes**, please provide details. You must choose the order you will take them even where you are taking benefits at the same time. In HMRC terms, you must choose the order for each Benefit Crystallisation Event (BCE), including your Prudential benefits. We need this information to establish which benefits will be covered by any unused LTA and any which may be liable to a tax charge.

Continue on a separate sheet if necessary.

Order	Scheme name/ pension provider, address, and plan or reference number	Date when you want benefits to start	Expected value of benefits £	Expected value of tax-free cash	% of LTA used*
1					
2					
3					
4					
5					

* We may need to see the statement(s) provided to you (by the scheme(s) or pension provider(s)) showing the percentage of LTA already used. This may mean that payment of benefits will be delayed if you are taking benefits from another scheme or provider immediately before the benefits from Prudential.

Information we need from you – continued

Step 4: What type of "LTA Protection" are you entitled to, if any?

Please confirm which type of LTA Protection or LTA Enhancement Factors, if any, apply to you and attach a photocopy of the appropriate HMRC certificate. You can get more information on these from HMRC website.

If none of the below apply to you please move to the next step.

Type of Protection	Tick if protection applies	Certificate attached (<i>tick</i>)
Enhanced Protection*		
Primary Protection*		
Fixed Protection		
Recognised Overseas Scheme Transfer		
Pension Credit		
Pre-Commencement Pension Credit		
Cash Balance Arrangement non-resident		
Other Money Purchase Arrangement non-resident		
Defined Benefits Arrangement non-resident		
Hybrid Arrangement non-resident		

If any certificate is not available, please let us know when you will be able to send it.

* If you are entitled to both enhanced and primary protection, we will provide benefit quotations on both bases.

Benefit payment will be delayed until you can send us a photocopy of the certificate.

Information we need from you – continued

Step 5: Declaration

I confirm that:

- The information I have given in this form is correct.
- I consent to:
 - The exchange of information directly between Prudential and the other pension schemes or providers I have mentioned in this form, as may be necessary to facilitate the payment of benefits from my Prudential account/fund, and
 - the deduction of any Lifetime Allowance Charge that I may be liable for from my account/fund before payment.

Signature

X

Date

D	D	M	M	Y	Y	Y	Y
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Next steps

When you send back your completed form and any evidence, we may issue revised quotations showing your options, including:

- separate quotations where you are eligible for both enhanced and primary protection
- where you are liable for a Lifetime Allowance Charge, a quotation assuming the full excess (after tax) will be used for pension income and a separate quotation assuming the full excess (after tax) is paid as a lump sum – because the tax charge is 25% if the excess is applied for pension income and 55% if paid as a lump sum.

Part 5 – Acceptance

* A significant increase is where:

The total tax-free cash you receive in the 12 month period ending on the day the tax-free cash from this plan is paid, exceeds 1% of the standard lifetime allowance and

More than 30% of those tax-free cash sums is used to make contributions (either directly, indirectly or by someone making contributions on your behalf, such as your employer) to one or more registered pension schemes over and above the expected level of contributions. This includes any contributions you may have made in anticipation of receiving the tax-free cash.

Please read the following and Declaration before signing and dating in Part 7.

- I accept the annuity quote shown on page 1 of the quotation 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 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.
- I confirm that I have seen the key features document and quotation of my retirement options and am aware of my cancellation rights.
- I authorise the Financial Adviser acting as my agent to submit information contained in my application form online to Prudential where appropriate.
- I will 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.
- Where I have chosen to take tax-free cash, it's not my intention to make, either directly, indirectly or by someone making contributions on my behalf, a significant* increase in my total expected contributions to registered pension schemes.

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 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;
- any sexually-transmitted diseases unless there could be long-term effects on your health; or

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.

We will assume you do not want to see a copy of the report unless you tell us otherwise.

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.

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.

* 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).

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.

Signature of member

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 you do not want to see a copy of the medical questionnaire. If you do require a copy please let us know.

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.

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

Advisers: 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 not be reported as a non-advised transaction.

Has advice been given and a recommendation made (advised sale)? Yes No

Was advice given in the UK if the applicant resides overseas? Yes No

Adviser's Signature

X

Date

D	D	M	M	Y	Y	Y	Y
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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 Agency number

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e.g. 1 2 3 4 5 6

Your firm's telephone number

Your office email address



www.pru.co.uk

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