




Application Form

Notes to help you

This form is divided into sections. **Notes** are provided at the end of each section to help you to complete the section.

If you have any queries while completing this application please call 0808 234 2200 (Monday – Friday, 8.30am – 6pm) where an operator will be happy to help. Calls may be monitored or recorded for quality and security purposes.

Please use black ink and write in CAPITAL LETTERS or tick as appropriate. Any corrections must be initialled – do not use correction fluid as this will invalidate your application. Please send the completed form to **Prudential International, Stirling, FK9 4UE**.

 These signs will direct you to the next relevant sections you need to complete.

Optional – If someone else fills this form in for you (for example, your employer or Financial Adviser), please check that all the details are correct before you sign the declaration. You are responsible for your answers. If you make a mistake please cross it out, put in the correct word or words and initial next to the correction.

If you would prefer, you may complete the medical questions in private and return the Health Details section direct to our Chief Medical Officer. Please indicate on this form if you have done so.

It is very important that you tell us if there is a change to any of the following: your personal health, family history, occupation, your participation in any hazardous leisure activities, travel or residence or your lifestyle (smoking, alcohol consumption etc) between completion of this form and your plan starting. If you do not, a claim in the future may not be paid.

Material facts – Failure to disclose any facts which would be likely to influence Prudential International's assessment or acceptance of this Application may lead to the cancellation of the contract. If you have any doubt about whether a fact would be important to us in accepting this Application, please provide full details. You must notify Prudential International if any of your answers change between completion of the Application and the start of the plan.

Genetic testing – If this Application, taken together with any other insurance policies you already have, is for life insurance up to a sum of £500,000 you need not disclose any genetic test you may have had.

You need not disclose the result of any genetic test undertaken in the context of research.

Genetic test results need only be disclosed where the sum exceeds £500,000 for life insurance and their use by insurers has been independently approved.

You may, of course, disclose any genetic test result which is in your favour. If you have a family history of, are experiencing symptoms of, or are having treatment for a genetic condition, you must tell us.

Further information is available on request which fully explains this policy and details those genetic tests approved for use by insurers.

Applicant checklist

Sections – A, B, C and D – have been completed and the Declaration of beneficial ownership (INVF11577) has been completed if applicable.

Section E – About you and your health has been completed.

Section F – Declaration & authorisation section has been read and signed.

Section G – Declaration of residence outside Ireland has been fully completed and signed.

Direct Debit instruction has been completed and signed.

Section A – Life Assured details¹

First (or only) Life Assured²

Title Mr Mrs Miss Ms

Other

Full forename(s)

Surname

Address (your habitual residence)

Postcode

Telephone number

E-mail address

Date of birth

Nationality

Country of tax residence³

Current country of residence

What is your main occupation?

Marital status Single Married/Civil Partner

Other

Does your work involve any manual or physical work? Yes No

Any work at heights over 40 feet? Yes No

Working with machinery or tools? Yes No

If **Yes**, please give full percentage breakdown of duties involved in your occupation.

Notes

- 1 Failure to disclose relevant information will result in non payment of a claim.
- 2 There must be at least one and no more than two lives assured. The minimum age at entry is normally at least 17 attained. However, where insurable interest exists, younger

Second Life Assured – If applicable

Title Mr Mrs Miss Ms

Other

Full forename(s)

Surname

Address (your habitual residence)

Postcode

Telephone number

E-mail address

Date of birth

Nationality

Country of tax residence³

Current country of residence

What is your main occupation?

Marital status Single Married/Civil Partner

Other

Does your work involve any manual or physical work? Yes No

Any work at heights over 40 feet? Yes No

Working with machinery or tools? Yes No

If **Yes**, please give full percentage breakdown of duties involved in your occupation.

children may be accepted. Please refer to your Financial Adviser for further details. The maximum age at entry is age 80 attained. For joint life second death cases, the age of the younger life can not exceed the maximum age at entry.

- 3 If you do not know your country of tax residence, please ask your Financial Adviser.

Section B – Applicant details

1. Who is applying for the bond?

(i) The First Life Assured as sole Applicant

please go to Section C

OR

(ii) The Second Life Assured as sole Applicant

please go to Section C

OR

(iii) The Lives Assured as joint Applicants

please go to Section C

OR

(iv) Other person(s)

please complete Other Applicant details below

2. Other Applicant details⁵

Individual Applicants

Notes to help you: For personal investments, Prudential International will take your declared country of tax residence as your residence for any obligatory tax reporting/paying purposes.

Surname

Full forenames

Title Mr Mrs Miss Ms

Address (your habitual residence)

Country
Postcode

Telephone number

Date of birth

D	D	M	M	Y	Y	Y	Y
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Nationality

Relationship to the Life/Lives Assured

Reason for cover

Country of tax residence⁶

Trust/Trustee Applicants

Notes to help you: For Trust/Trustee investments, Prudential International will take the country of tax residence of the Trust as the residency of the Trust for any obligatory tax reporting/paying purposes.

Questions about the Trust

1. What is the name of the Trust?

2. What is the country of tax residence of the Trust?

3. What name do you want us to use for the Trust correspondence?

4. What telephone number do you want us to use for the Trust?

5. What address do you want us to use for the Trust correspondence?

Postcode

6. What is the relationship with the Life/Lives Assured?

7. What is the reason for applying for this cover?

8. Do any of the beneficial owners of the trust⁷ have an interest of 25% or more of the trust's assets? If Yes, please complete the Declaration of beneficial ownership form (INVF11577).

Yes No

Note

⁵ Please complete the section relevant to you ensuring you state the relationship with the Life/Lives Assured, and the reason for applying for this cover.

⁶ If you do not know your country of tax residence, please ask your Financial Adviser.

⁷ A beneficial owner could be an individual beneficiary, a settlor of the trust or, where a corporate body is a beneficiary or settlor, a person who controls that corporate body and/or has an interest in it of 25% or more.

Section B – Applicant's details – continued

Company Applicants

Notes to help you: For company investments, Prudential International will take the country of tax residence as the company's country of residence for any obligatory tax reporting/paying purposes.

Full name of Company

Company number

Registered office address

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Country of incorporation

Country of tax residence⁸

Address for correspondence

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Telephone number

Fax number

Section C – Payment and investment details

Selected currency or currencies

(i) One currency for all aspects

UK £

US \$

Other

or

(ii) Different currencies (*please note that once chosen these cannot be changed*)

(a) Premium currency

For premium payments

UK £

US \$

Other

(b) Cash-in benefit currency

For payments of cash-in benefits

UK £

US \$

Other

(c) Risk benefit currency

For payments of any death benefit

UK £

US \$

Other

Your premium payments

Amount

Frequency

Every year

Every month

Changes in the rates of exchange between currencies may cause your investment to go up or down.

Method of payment^{9,10}

Your payment is being made by: (*method*)

➤ Telegraphic transfer (*to be remitted by your bank*)

Own
account

➤ Cheque (*payable to Prudential International*)

➤ Banker's draft (*payable to Prudential International*)

➤ Direct Debit

Notes

⁸ If you do not know your country of residence, please speak ask your Financial Adviser.

⁹ Please enclose the cheque with your completed Application Form or complete the Direct Debit as appropriate.

¹⁰ Direct Debit is for UK £ premium currency only. Payments will be collected on 1st of each month.

Section E – About you and your health

Failure to disclose relevant information will result in non-payment of a claim.

First (or only) Life Assured

Second Life Assured – If applicable

1. What is your height and weight?

Height Weight Height Weight

2. (a) What is your average weekly consumption of alcohol in units?

(One unit is the equivalent of 1 glass of wine, 1/2 pint of beer or 1 small measure of spirits)

units units

(b) Have you ever been advised to reduce your alcohol intake?

Yes No

Yes No

(c) Have you smoked or used any tobacco products in the last 12 months?

Note – Applicants may be asked to undergo a cotinine test.

Yes No

Yes No

If **Yes**, please state your average daily consumption

(d) Have you ever used recreational drugs (eg cocaine, heroine)?

Yes No

Yes No

3. (a) Has any proposal for Life or Health Insurance on your life ever been declined, deferred or offered on non-standard terms?

Yes No

Yes No

If **Yes**, please give details and names of insurance companies.

(b) Is a proposal for Life or Health Insurance on your life currently being made to any other insurance company?

Yes No

Yes No

If **Yes**, please give details and names of insurance companies.

4. Have you in the last five years, or do you intend to:

(a) live or travel outside the UK, apart from holiday visits?

Yes No

Yes No

(b) engage in any occupation, pursuit or sport which may be considered hazardous, such as private aviation, motor sports, mountaineering or underwater activities?

Yes No

Yes No

If **Yes**, please confirm full details regarding your travel, your pursuits and/or aviation.

Section E – About you and your health – continued

Failure to disclose relevant information will result in non payment of a claim

First (or only) Life Assured

Second Life Assured – if applicable

5. In the last five years have you

(a) consulted a doctor or other medical professional (or do you intend to)?

Yes No

If **Yes**, please give details

Yes No

If **Yes**, please give details

(b) been prescribed any pills, drugs, medicines or any other form of treatment?

Yes No

If **Yes**, please give details

Yes No

If **Yes**, please give details

(c) been advised to have an operation, X-ray, check-up or any investigations or tests?

Yes No

If **Yes**, please give details

Yes No

If **Yes**, please give details

(d) Have you ever been off work for two weeks or more at a time due to illness or injury?

Yes No

If **Yes**, please confirm dates, illnesses, investigations and treatment (colds, influenza and minor injuries can be ignored)

Yes No

(e) Have you ever suffered from chronic fatigue or tiredness?

Yes No

If **Yes**, please confirm dates, please confirm dates, treatment and any current symptoms

Yes No

6. (a) Have you ever tested positive for HIV, Hepatitis B or C or are you awaiting the results of such a test?

Note – If the result is negative, the fact of having an HIV test will not, of itself, have any effect on your acceptance terms for insurance.

Yes No

Name of doctor, hospital or clinic

Yes No

Date

D	D	M	M	Y	Y	Y	Y
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Details or description

Date

D	D	M	M	Y	Y	Y	Y
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Section E – About you and your health – continued

Failure to disclose relevant information will result in non-payment of a claim

First (or only) Life Assured

Second Life Assured – If applicable

6. (b) Within the last five years have you been exposed to the risk of HIV infection? (this can be caught through unsafe sex, intravenous drug abuse, or blood transfusions or surgery undertaken outside the EU).

Yes No

Yes No

If **Yes**, please give full details.

(c) Within the last five years have you tested positive or been treated for any disease which was transmitted sexually?

Yes No

Yes No

Name of doctor, hospital or clinic

Date

Date

Details or description

7. Do you currently have, or have you ever had, any disease or disorder:

(a) of the heart, veins or arteries?

Yes No

Yes No

(b) of the kidneys?

Yes No

Yes No

(c) of the bladder or urinary system?

Yes No

Yes No

(d) of the stomach, bowel or intestines?

Yes No

Yes No

(e) of the liver?

Yes No

Yes No

(f) of the lungs or respiratory system?

Yes No

Yes No

(g) of the brain, neurological or nervous system?

Yes No

Yes No

(h) of the blood?

Yes No

Yes No

(i) of the eyes?

Yes No

Yes No

(j) of your hearing?

Yes No

Yes No

If **Yes** to any of these, please confirm dates, treatment and any current symptoms

Section E – About you and your health – continued

Failure to disclose relevant information will result in non-payment of a claim

First (or only) Life Assured

Second Life Assured – *If applicable*

8. Do you currently have, or have you ever suffered from:

(a) high blood pressure?

Yes No

Yes No

(b) high cholesterol?

Yes No

Yes No

(c) a stroke or mini-stroke?

Yes No

Yes No

(d) chest pain?

Yes No

Yes No

(e) diabetes?

Yes No

Yes No

(f) multiple sclerosis or epilepsy?

Yes No

Yes No

(g) any form of paralysis or movement disorder?

Yes No

Yes No

(h) any form of cancer, lump, growth or a mole changing in shape or size?

Yes No

Yes No

(i) rheumatoid arthritis?

Yes No

Yes No

(j) any form of mental illness including anxiety, depression or stress?

Yes No

Yes No

If **Yes**, please confirm dates, treatment and any current symptoms

Section E – About you and your health – continued

Failure to disclose relevant information will result in non-payment of a claim

First (or only) Life Assured

Second Life Assured – If applicable

9. Are you currently suffering from, or have you in the past suffered from, any physical complaint or disability, illness or injury not mentioned above?

Yes No

Yes No

If **Yes**, please confirm dates, treatment and any current symptoms

10. Have any of your parents, brothers, sisters before the age of 66 suffered or died from:

- (a) cancer Yes No
(b) diabetes Yes No
(c) heart disease Yes No
(d) high blood pressure Yes No
(e) kidney disease Yes No
(f) stroke Yes No
(g) multiple sclerosis Yes No
(h) any other form of hereditary/familial disorders? Yes No

If yes, please give further details.

- (a) cancer Yes No
(b) diabetes Yes No
(c) heart disease Yes No
(d) high blood pressure Yes No
(e) kidney disease Yes No
(f) stroke Yes No
(g) multiple sclerosis Yes No
(h) any other form of hereditary/familial disorders? Yes No

If yes, please give further details.

11. In order to speed up your Application, would you be prepared, if required, to have a mobile examination by a doctor other than your own GP carried out in your own home?

Yes No

Yes No

If **Yes**, please state

Preferred date(s)

Preferred time(s)

Contact telephone number

Preferred date(s)

Preferred time(s)

Contact telephone number

Section F – Declaration and Authorisation

Access to medical reports

We may need to get medical reports to support your application. 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
- 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;
 - musculo-skeletal 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; or
- 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 have asked 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
- predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from.

The information you and your doctor provide about your health may result in us:

- refusing to provide insurance;
- increasing the payment you need to make into the plan above standard rates; or
- setting the payment you need to make into the plan at standard rates.

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:

The Chief Medical Officer, Prudential International Assurance plc, Montague House, Adelaide Road, Dublin 2, Ireland.

Each Life Assured must tick one of the boxes below.

First (or only) Life Assured	Second Life Assured (if applicable)
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I **do not** want to see the report before it is sent to the company

I **do** want to see the report before it is sent to the company

Section F – Declaration and Authorisation – continued

Declaration

› I agree to you asking any doctor I have consulted about my physical or mental health to provide medical information so you may assess my proposal. You may gather relevant information from other insurers about any other Applications for life, critical illness, sickness, disability, accident or private medical insurance that I have applied for. I authorise those asked to provide medical information when they see a copy of this consent form.

This form allows you to gather medical reports within six months of the start of the plan, or after my death, to support any claim made on the plan proceeds.

› This information can also be used to maintain management information for business analysis.

I have read the declaration, important notes and information relating to my rights under the Access to Medical Reports Act.

Signature of First (or only) Life Assured

X

Date

D	D	M	M	Y	Y	Y	Y
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Signature of Second Life Assured

X

Date

D	D	M	M	Y	Y	Y	Y
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Declaration

Please read the key features document as this will provide you with important information regarding the key risks and benefits of the product(s) to help you make a decision. You can get this from your Financial Adviser.

Please also read the Funds guide, available from your Financial Adviser, as this will provide you with full details of the funds available, their objectives, Prudential International's risk rating of these funds and charges to help you select the funds suitable for your needs.

For your own benefit and protection, you should read carefully the documentation provided before signing this form. You should also read carefully any further documentation provided to you in the future. If there is anything you do not understand, please ask your Financial Adviser for further information.

I confirm that:

- The information given in this Application Form and any schedule or other document relating to this Application is true and complete.
- I have not concealed or omitted any material fact. I have read the note regarding material facts on page 1 and understand that failure to disclose a material fact may affect entitlement to benefits under the contract and could result in the contract being void. I will notify you of any material facts I become aware of before the contract starts.

Section F – Declaration and Authorisation – continued

Data Protection Notice

Prudential International Assurance plc is the data controller for the purposes of the Data Protection Acts, 1988 and 2003 (as amended) (Acts). By signing below you indicate your consent to Prudential International Assurance plc and its service provider, Capita Life & Pensions Services (Ireland) Limited which forms part of the Capita Group, holding, processing and using your information in order to decide upon your application for a life assurance policy (including any renewals or new life assurance products) and for administration, management, risk assessment, research and statistical analysis and marketing purposes.

Prudential International Assurance plc and companies within the Prudential Group* may use your information to inform you (including by telephone) of other products and services offered by them, or, we will not send you any information if the box below is ticked:

I do not wish to be contacted

You have a right to apply for a copy of the information held by us about you (for which a small charge, not exceeding €6.35, may apply) and you have a right to have any inaccuracies in your information corrected. Please send your request in writing to the Data Protection Officer at Prudential International Assurance plc, Montague House, Adelaide Road, Dublin 2, Ireland. We shall respond as soon as reasonably possible and at the latest within 40 days of the date of your request.

For underwriting and assessment purposes, Prudential International Assurance plc may hold the following sensitive personal data about you:

- (i) Your racial or ethnic origin;
- (ii) Your physical or mental health;
- (iii) Your sexual life.

I consent to Prudential International Assurance plc processing such sensitive personal data about me where this is necessary or appropriate.

It is our normal procedure to issue policy documents direct to the policyholder. If you would prefer us to issue these to your Financial Adviser, please tick the box below.

Please issue policy documents to my/our Financial Adviser

Full name of First (or only) Life Applicant

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Full name of Second Applicant (if applicable)

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Prudential International Assurance plc may transfer and disclose your personal information to other companies within the Prudential Group for the purposes above. This may involve the transfer of personal information to countries outside of the European Economic Area, including countries which may not have adequate data protection laws in place. A full list of countries to which your data may be transferred is available to you on request. On transferring personal data, Prudential International Assurance plc will take appropriate measures to ensure the security and integrity of your personal information.

By signing below you further indicate your consent to the transfer of your personal data outside of the European Economic Area for purposes set out above.

To prevent and detect fraud we may share your data with other organisations, including the police, and check and/or file your data with fraud prevention agencies and databases, and if we are given false or inaccurate information and we suspect fraud, we will record this. We may also disclose your information to third parties in order to comply with any legal or regulatory obligation.

From time to time we may survey our customers regarding the level of our service. Please tick here if you do not wish to be included in any future survey.

If you provide us with information of any other person, you confirm that they consent to the processing of their personal information in the manner set out above and that you have fully informed them of:

- the purposes for which their information will be processed;
- to whom their information may be disclosed; and
- their right to apply for a copy of their information that is held by us and their right to have any inaccuracies in their information corrected.

If you have any questions regarding our processing of your personal information, please contact the Data Protection Officer at Prudential International Assurance plc, Montague House, Adelaide Road, Dublin 2, Ireland.

* The Prudential Group means our ultimate holding company, Prudential plc, and its subsidiaries.

Data Protection Acts 1988 and 2003

The Company is registered with the Data Protection Commissioner and will comply with the Data Protection Acts 1988 and 2003 in the processing of this Application and the maintenance and record keeping of any contract(s) concluded as a result of this Application.

Section G – Declaration of residence outside Ireland

Each Applicant must read these definitions and then complete the declaration.

Please note that the declaration below regarding non-residence in Ireland must be completed before we can make payments.

Important Irish Exit Tax may be applied to the plan (for example on payments from the plan) if this declaration is not completed.

Residence definition – company

A company which has its central management and control in Ireland (the State) is resident in the State irrespective of where it is incorporated. A company which does not have its central management and control in Ireland but which is incorporated in the State is resident in the State except where:

- the company or a related company carries on a trade in the State, and either the company is ultimately controlled by persons resident in EU Member States or resident in countries with which the Republic of Ireland has a double taxation treaty, or the company or a related company are quoted companies on a recognised Stock Exchange in the EU or in a tax treaty country, or
- the company is regarded as not resident in the State under a double taxation treaty between the Republic of Ireland and another country.

It should be noted that the determination of a company's residence for tax purposes can be complex in certain cases and declarants are referred to the specific legislative provisions which are contained in section 23A Taxes Consolidation Act, 1997.

Residence definition – individual

An individual will be regarded as being resident in Ireland for a tax year if she/he either:

- spends 183 days or more in the State in that tax year, or
- has a combined presence of 280 days in the State, taking into account the number of days spent in the State in that tax year together with the number of days spent in the State in the preceding year.

Presence in a tax year by an individual of not more than 30 days in the State will not be reckoned for the purpose of applying the two-year test. Presence in the State for a day means the personal presence of an individual:

- at the end of the day (midnight) for tax years 2008 and earlier, and
- at any time during that day for tax year 2009 onwards.

Ordinary residence definition – individual

The term "ordinary residence" as distinct from "residence" relates to a person's normal pattern of life and denotes residence in a place with some degree of continuity. An individual who has been resident in the State for three consecutive tax years becomes ordinarily resident with effect from the commencement of the fourth tax year.

An individual who has been ordinarily resident in the State ceases to be ordinarily resident at the end of the third consecutive tax year in which she/he is not resident. Thus, an individual who is resident and ordinarily resident in the State in 2008 and departs from the State in that year will remain ordinarily resident up to the end of the tax year 2011.

Please ensure you read the declaration and sign on page 16.

The Direct Debit Guarantee

To be completed by your Financial Adviser

Adviser name

Adviser reference no

Telephone number

Fax number

E-mail address

Address

Postcode

If there are more than 2 trustees, please photocopy this page, complete and send in with this application.

*Please delete as appropriate

Party A

Name of First Applicant* /Trustee* /Company* (in full)

Date of birth:

D	D	M	M	Y	Y	Y	Y
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Address of First Applicant* /Trustee* /Company*

Postcode

Party B

Name of Second Applicant* /Trustee* /Company* (in full)

Date of birth:

D	D	M	M	Y	Y	Y	Y
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Address of Second Applicant* /Trustee* /Company*

Postcode

Please tick the appropriate box in this checklist to show if there are any trust arrangements for the bond.

- (i) At issue trust your client wants us to issue the bond under trust
- (ii) After issue trust your client may decide to put the bond into a trust after the bond has started
- (iii) Trustee application your clients are Trustees of an existing trust and they are buying the bond for that trust
- (iv) No trust arrangements the bond is not going to be in a trust

If bond is rated provide new terms on the following basis

Maintain premium, reduce sum assured

OR

Maintain sum assured, increase premium

The bond will start as soon as underwriting is complete unless indicated below

Bond start date:

D	D	M	M	Y	Y	Y	Y
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 Please ensure you complete the checklist overleaf

To be completed by your Financial Adviser – continued

Please complete the following and ensure that all necessary documentation accompanies this application form. Failure to provide all relevant information will result in a delay to this application being processed. Please note that interest will not be credited to payments received prior to the receipt of all documentation requirements.

I/We confirm that the Applicant(s) is/are applying on their own behalf and not as a nominee, trustee or in a fiduciary capacity for any other person.* (Not applicable for Trustee applications)

OR

I/We certify that to the best of my/our knowledge, the intended beneficiaries of the trust/nominee company are not resident in a country on Prudential International's prohibited countries list (as published by Prudential International)*

Financial Adviser checklist

I enclose personal identification¹⁵ of the Applicant(s)/Trustee(s)/Third Party(ies)*

I enclose address verification¹⁵ for all Applicant(s)/Trustee(s)/Third Party(ies)*

For corporate and non-corporate trusts I enclose the completed Declaration of beneficial ownership (INVF11577)

If paying by cheque, please make cheque payable to Prudential International

Trust declaration (if the bond is to be under Trust at issue)

If a company application, include the list of Authorised Signatories, stating position in company, and a specimen signature for each person listed

* Please delete as applicable

Notes

15 Acceptable types of personal ID are: current signed passport, current UK/EU photocard driving licence, State ID card from an EU member state.

Acceptable forms of address verification are: utility bill, mobile phone bill or credit card bill (up to 6 months old), local authority tax bill (current year), current UK/EU photocard driving licence (but not if being used for personal ID), bank, building society or credit union statement or passbook containing address (no greater than six months old), mortgage statement from recognised lender (within last 12 months), solicitor's letter confirming house purchase/proof of previous address (for clients in between property moves), UK local authority rent card or tenancy agreement.

If the bond is to be owned by a public limited company, please supply: a printout from the Stock Exchange listing, authorised signatory list on company headed paper, personal ID and address verification for two signatories. For a subsidiary of a plc, please also supply documentary evidence that the applicant is a subsidiary.

If the bond is to be owned by a company that is not quoted on a recognised investment exchange please ensure that the following documentation is included: copy of the certificate of incorporation/certificate of trade, copy of the memorandum and articles of association, copy of the latest report and accounts, authorised signatory list on company headed paper, a list of all directors, personal identification and address verification for at least two directors, personal identification and address verification of shareholders with a shareholding of 25% or more, copy of the share register.

For full details, please see Anti-money laundering requirements (INVB10092).



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