



Application Form


Notes to help you

This form should only be used for applications for the Flexible Protection Bond issued by Prudential International Assurance plc.

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 speak to your Financial Adviser or call 0808 234 2200 where an operator will be happy to help. Calls may be recorded or monitored 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 bond.

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 either 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

Section A, B and D – has been completed.

Section C – has been fully completed. Source of your payment/wealth is required under Money Laundering Requirements.

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

Section G and H – Declaration sections have been read and signed.

Section I – Declaration of residence outside Ireland has been fully 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)

Country

Postcode

Telephone number

E-mail address

Date of birth

Nationality

Profession (Job title including industry. If retired also state previous profession)

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.

Second Life Assured – If applicable

Title Mr Mrs Miss Ms

Other

Full forename(s)

Surname

Address (your habitual residence)

Country

Postcode

Telephone number

E-mail address

Date of birth

Nationality

Profession (Job title including industry. If retired also state previous profession)

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

Section B – Applicant's 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 details⁴

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

Telephone number

Full forenames

Date of birth

D	D	M	M	Y	Y	Y	Y
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Title Mr Mrs Miss Ms

Nationality

Address (*your habitual residence*)

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

Relationship to Life/Lives Assured

Reason for cover

Country of tax residence⁵

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?

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

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

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

Note

⁴ 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.

⁵ If you do not know your country of tax residence, please ask your Financial Adviser.

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"/>
Postcode

Country of incorporation

Country of tax residence⁶

Address for correspondence

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

Telephone number

Fax number

Section C – Payment and investment details

1. How many policies do you require (maximum 20)?

*You can choose to have your bond started as one policy or as a group of policies.
If this is left blank we will start your bond with 20 policies.*

2. Selected currency or currencies

(i) One currency for all aspects

UK £ US \$ Euro € Other

OR

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

(a) Premium currency

For premium payments

UK £ US \$ Euro € Other

(b) Cash-in benefit currency

For payment of cash-in benefits

UK £ US \$ Euro € Other

(c) Death benefit currency

For payment of any death benefit

UK £ US \$ Euro € Other

3. Amount of your payment (min £15,000 or currency equivalent)

Please note that interest will not be credited to payments received prior to the receipt of all documentation requirements.

4. Your payment is being made by: (method)

➤ Telegraphic transfer (to be remitted by your bank)

➤ Cheque (payable to Prudential International)

➤ Banker's draft (payable to Prudential International)

Own
account

Note

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

Section D – Life cover⁷

Sum Assured

Basis of cover for payment of Sum Assured

Single Life

Joint Life First Death

Joint Life Second Death

Purpose of cover

Inheritance tax planning (IHT)

Personal cover

Business cover

Other (*please specify*)

Note

⁷ The Sum Assured should not exceed £5,000,000 up to age 70 last birthday or £3,000,000 for lives assured aged from 71 to 80.

Section E – Receiving regular payments from your bond

Only complete this section if you want to take regular payments from your bond. Please note that you may be unable to take regular payments if your bond is written under trust.

1. I/We wish to receive every year **or** % of my/our total investment into the bond every year
or % of the value of my/our bond every year

2. Payable at these intervals Every month Every three months Every six months Every twelve months

3. Date you wish regular payments to start⁸ (must be at least 30 days after the start of your bond)

4. For payments by Direct Credit in £ Sterling to a UK based bank account only

Name of bank or building society

Account name

Address

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

Account number

Sort code

IBAN

SWIFT-BIC

5. For payments by cheque – only where Direct Credit facility is not available and the payment does not exceed £5,000, US \$5,000 or Euro €5,000

Name of payee(s)

Address payment to be sent

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

Banking details – if payments are to be sent to the payee's bank

Name of bank

Account holder's name

Account number

Sort code

Note

⁸ Normally we make the first payment at the end of the period you choose, for example, monthly payments start a month after the bond is set up. Only enter a date if you want your withdrawals to start later. Regular payments will usually reach your account within five working days of the date you have chosen.

Section F – 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 F – 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) Suffered from chronic fatigue or tiredness?

Yes No

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

Yes No

Section F – 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. (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

Yes No

Name of doctor, hospital or clinic

Date

D	D	M	M	Y	Y	Y	Y
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Date

D	D	M	M	Y	Y	Y	Y
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Details or description

(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

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

Date

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

Details or description

7. 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?

Yes No

Yes No

If **Yes**, please state

Preferred date(s)

Preferred date(s)

Preferred time(s)

Preferred time(s)

Contact telephone number

Contact telephone number

Section F – 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 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

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

Section F – 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. 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 F – 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

10. 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

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

(a) cancer Yes No

(a) cancer Yes No

(b) diabetes Yes No

(b) diabetes Yes No

(c) heart disease Yes No

(c) heart disease Yes No

(d) high blood pressure Yes No

(d) high blood pressure Yes No

(e) kidney disease Yes No

(e) kidney disease Yes No

(f) stroke Yes No

(f) stroke Yes No

(g) multiple sclerosis Yes No

(g) multiple sclerosis Yes No

(h) any other form of hereditary/familial disorders? Yes No

(h) any other form of hereditary/familial disorders? Yes No

If yes, please give further details.

If yes, please give further details.

Section G – Authority to access medical reports

Your Statutory Rights Under The Access To Medical Reports Act, 1988 & The Access To Personal Files & Medical Reports (NI) Order 1991

Important notes

We may need to send your application and relevant medical reports to our reassurers for their opinion or agreement of the terms offered. Or, we may need to send them at a later stage for purposes relating to managing the policy. You can get details of general reinsurance principles and details of any company we use to assess your application from our head office.

If we ask you to come for a medical examination, we will need to share the application information with another company we have authorised. They will make the arrangements for the examination to take place.

We have a confidentiality policy in place, which means we hold your medical information securely and access is limited to authorised individuals who need to see it.

You are entitled to ask for a copy of our estimate, based on a standard assessment, and a copy of your application form at any time.

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 bond above standard rates; or
- › setting the payment you need to make into the bond 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.

Section G – Authority to access medical reports – continued

Each Life Assured must tick one of the boxes below.

First (or only) Life Assured

Second Life Assured
(if applicable)

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

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 bond, or after my death, to support any claim made on the bond 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 – First (or only) Life Assured

Dated

D	D	M	M	Y	Y	Y	Y
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Signature – Second Life Assured

Dated

D	D	M	M	Y	Y	Y	Y
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Section H – Declaration

1. Confirmation by each Applicant

This Application should be read and the Declaration signed by the person(s) who is/are to own the bond.

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 also read the Funds guide, 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. You can get these documents from your Financial Adviser.

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:

- a) the information given in this Application Form and any schedule or other document relating to this application is true and complete to the best of my knowledge and belief.
- b) I have not concealed or omitted any material fact (and to the best of my knowledge and belief no other person involved in this application has concealed or omitted any material fact).
- c) I will notify you of any material facts I become aware of before the contract starts.
- d) I have read the warning regarding material facts at the end of part 4 of this section and I understand that failure to disclose a material fact may affect entitlement to benefits under the contract and could result in the contract being void.
- e) I understand that any additional payments made into the bond will be invested on the same basis as the initial payment unless otherwise stated and agreed.
- f) I authorise Prudential International and all other companies in the Prudential Group to provide details of all data (including personal data) disclosed by me in conjunction with my application for a policy, to any regulatory, tax or revenue authority and as otherwise required by law.
- g) I will notify Prudential International Assurance plc if I change the country in which I reside, if the rights conferred by the contract come to be held subject to a trust, or are transferred to another individual or body.
- h) I acknowledge and accept that the validity, construction and performance of any contract entered into between Prudential International and me/us shall be governed by English Law. Any dispute arising under or in connection with the contract shall be subject to the exclusive jurisdiction of the English Courts to which I hereby submit.
- i) As a consequence of my investment and, where applicable, I authorise and direct Prudential International to pay on my behalf all taxes, levies and other similar payments payable to my home country's taxation and revenue authorities from the funds from which the bond derives its value, which I acknowledge will result in a corresponding reduction in the value of the bond. I also confirm that I have sought taxation advice on this investment in the country in which I am resident.

- j) I understand that a copy of the terms and conditions, and the completed Application Form, are available on request.
- k) I understand calls may be monitored or recorded for quality and security purposes.

2. 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.

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.

Section H – Declaration – continued

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.

3. Application – by the Applicant(s)

Please issue the bond on the basis specified in this Application Form.

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

4. Signatories – to be signed by each Applicant⁹

First (or only) Applicant

Signature

Full name

Date

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

Second Applicant (if applicable)

Signature

Full name

Date

D	D	M	M	Y	Y	Y	Y
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Warning – material facts

A material fact is any fact which might influence the assessment and acceptance of your application. A material fact may affect our decision on whether your Application is acceptable and whether the contract should be subject to any special terms. Failure to disclose a material fact may affect entitlement to benefits under the contract and could result in the contract being void. The need for disclosure applies to any material fact you become aware of when you submit the Application. It also applies to any material fact you become aware of before the contract starts. If you are in any doubt whether certain facts are material, these facts should be included.

Data Protection Acts 1988 & 2003

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

Note

⁹ If there are more than two trustees please photocopy this Declaration, complete and send in with this application.

Section I – Declaration of residence outside Ireland – continued

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

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 bond (for example on payments from the bond) if this declaration is not completed.

Residence – 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 – individual

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

- 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 – 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 s/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.

To be completed by your Financial Adviser

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.)

Adviser name	<input type="text"/>	Address	<input type="text"/>
Adviser Ref No	<input type="text"/>		<input type="text"/>
Tel number	<input type="text"/>		<input type="text"/>
Fax number	<input type="text"/>		<input type="text"/>
E-mail address	<input type="text"/>		

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 this section is left blank we will assume that 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 commence as soon as underwriting is complete unless indicated below

Bond start date

D	D	M	M	Y	Y	Y	Y
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To be completed by your Financial Adviser

Reminder

Please ensure that the following information/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. (please tick if attached)

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

Individual/Corporate identification and address verification ¹⁰

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

Notes

¹⁰ Acceptable types of personal ID include: current signed passport, current UK/EU Photocard driving licence, State ID card.

Acceptable forms of address verification include: utility bill (up to 6 months old), bank or building society statement containing address (up to 6 months old), original mortgage statement (issued within last 12 months), credit card bill (up to 6 months).

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, copy of the memorandum and articles of association, copy of the latest report and accounts, authorised signatory list, personal identification and address verification for at least two directors, identification of shareholders with a shareholding of 25% or more.

If a full UK Companies House report is available this can be submitted in place of the certificate of incorporation, report and accounts and the memorandum and articles of association.



www.pru.co.uk/international

The registered office of Prudential International is in Ireland at Montague House, Adelaide Road, Dublin 2. Prudential International is a marketing name of Prudential International Assurance plc. Registration No. 209956. Telephone number + 353 1 476 5000. If the Company should become unable to meet its liabilities, the Financial Services Compensation Scheme will protect eligible policyholders habitually resident in the UK when their contract starts, with effect from 1 December 2001. This protection does not extend to externally-linked investments. Prudential International Assurance plc is authorised by the Central Bank of Ireland and is subject to limited regulation by the Financial Services Authority for UK business. Details on the extent of our regulation by the Financial Services Authority are available from us on request.