



# Application form

Please use black ink and write in CAPITAL LETTERS or tick  as appropriate.

Any corrections must be initialled. Please do not use correction fluid as this will invalidate your application.

Please send a copy of the illustration or advise the number.

If "Other", please state title.

Selected Retirement Age for Income Drawdown is always age 75.

We may accept larger contributions in some circumstances – contact your financial adviser for details.

**Please use this form to:** FY

▶ Pay a single contribution for Income Drawdown only.

**If you want to pay a single contribution to a Personal Pension then please use form PPPF6144.**

Please return all pages of this form to: **Freepost, Prudential, Stirling FK9 4UE.**

**Important note**

Please help us by completing the application form fully and accurately. Incorrect answers or failure to disclose any facts may influence the acceptance of this application. If you have any doubt about whether any facts would be important to us, please provide full details or seek assistance from us.

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.

Please also read the guide to fund options as this will provide you with full details of the funds available, their objectives, Prudential's Risk rating of these funds and charges to help you select the funds suitable for your needs.

**Copies of the plan Terms and Conditions and the completed application form are available on request.**

**It is a serious offence to give false information. To do so could lead to prosecution.**

**Please tell us the illustration number related to this application and/or supply a copy with your application form.**

**Part A – Your details**

Title Mr  Mrs  Miss  Ms  Dr  Other

Surname  Full Forenames

Date of birth         Sex Male  Female

Permanent residential address   
  
 Postcode

Daytime telephone number  National Insurance number

Selected Retirement Age

Are you a Prudential Policyholder? Yes  No

**Single Contributions**

The maximum contribution is £1,000,000.

Payable by You  (gross) Your employer

## Part B – Eligibility details – all applicants

**Note:** you must be under age 75.

You must answer **BOTH** questions in this section.

1. Please tick one box below which best describes your current "employment" status (or the status of the person for whom this application is being made).

- |   |                          |                                     |                          |
|---|--------------------------|-------------------------------------|--------------------------|
| › Employed – chargeable to tax under Schedule E (P.A.Y.E.)  | <input type="checkbox"/> | › Caring for a person over age 16   | <input type="checkbox"/> |
| › Pensioner – chargeable to tax under Schedule E (P.A.Y.E.)   | <input type="checkbox"/> | › Full-time education (over age 16) | <input type="checkbox"/> |
| › Self-employed – chargeable to tax under Schedule D in respect of self-employment in a trade, profession or vocation or in a partnership | <input type="checkbox"/> | › Unemployed                        | <input type="checkbox"/> |
| › Caring for one or more children under age 16  | <input type="checkbox"/> | › Other                             | <input type="checkbox"/> |

2. Please tick one box below which best describes your current "residential" status (or the status of the person for whom this application is being made).

Are you a UK resident? Yes  No

If No, are you a Crown Servant, or married to or a civil partner of a Crown Servant? Yes  No

**If you answered No to both of the last two questions you may not be eligible to contribute and get tax relief. You should check this with your financial adviser.**

## Part C – Your employment details – employees only

**You can ignore this section if your employer is not contributing or sending your contributions to Prudential for you.**

Name of employer

Please give a contact name and telephone number, including the area code and extension if applicable.

Name

Telephone Number

E-mail address

Address of employer

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

Postcode

## Part D – Investment of contributions – income drawdown

**We must first invest your single contribution in our Personal Pension to let us collect tax relief. Your investment will be held in the Prudential Cash Fund before being transferred internally to Income Drawdown.**

You can choose to invest the contribution in:

- 1 Up to 20 Investments Funds, including a Self-Invested (SIPP) Option  
or
- 2 Income Drawdown Lifestyle Option

Please let us know the details of where you want your Income Drawdown plan to be invested opposite.





## Part F – Lifetime allowance

**You must complete this section if you are moving money to Income Drawdown. We cannot set up your benefits until this part is completed.**

You must confirm whether or not the value of all the pensions you have already taken, with the benefits that you are taking now, is below the Lifetime Allowance before we can arrange to pay your benefits. This is called Self Certification and it applies to everyone. To do this you should select the relevant option below:

1. If the total value (with Prudential and other providers) is less than the Lifetime Allowance\*, please tick this box   
\* I confirm that the total value (with Prudential and other providers) is less than the Lifetime Allowance.
2. If the total value (with Prudential and other providers) is more than the Lifetime Allowance, or you think they might be near that amount, please tick this box   
OR
3. If you have a personal Lifetime Allowance, enhanced protection, fixed protection, or a protected early retirement age, please tick this box.

If you have ticked 2 or 3 above please discuss this with your financial adviser and then contact us.

## Part G – Death benefit beneficiaries

**Failure to complete this part may delay payment of death benefit.**

Please show details of the person you would want to receive death benefits from your plan. Under the personal pension plan, Prudential are not legally bound to follow your wishes, but will take them into account. Under the Income Drawdown plan the nomination is binding on the Trustees if the nominee is a dependant at the date of your death.

Title Mr  Mrs  Miss  Ms  Dr  Other

Surname

Full Forenames

Address

  

Postcode

Relationship to you (if any)

Proportion of benefits

%

If not 100%, details of any additional beneficiaries should be attached to this application.

We will show the percentage LTA used for the income drawdown plans on your membership certificate. If you think benefits taken from other plans in the time between completing your application and our issue of your terms and conditions, affect how you have completed this section, please contact us.

Inheritance Tax will not normally apply.

If you want to choose additional beneficiaries, please write the details on a separate sheet of paper, and attach it to this form.

Please make sure that the total for all your chosen beneficiaries is 100%.

If you want to change these details later, you should write to Prudential, quoting your plan number and the revised information.

## Part H – Self-invested (SIPP) option

Please complete this section if you are setting up a SIPP for the first time, or changing your existing SIPP details.

These arrangements will stay in place until you advise us in writing to the contrary. If you later give us revised instructions, they will replace any instructions supplied previously.

### 1. Your details

Daytime/Work telephone number

Home telephone number

Mobile telephone number

E-mail address

### 2. Adviser details

Adviser's full name

Company name

Address

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

Telephone number

Fax number

E-mail address

R. I. number

VAT Registered?

Yes

No

e.g. ABC12345

If you intend to invest in unit trusts/OEICs through Cofunds via either SIPP option, your Adviser will need to be registered with Cofunds.

If your Adviser already has a Cofunds agency number, please insert here

If not, your Adviser should register now on <http://www.cofunds.co.uk/AboutUs/RegisterIntermediary.aspx> and we will be in touch to request the agency code on establishment of the SIPP.

### 3. Investment authority

We require your authority to accept investment instructions from anyone other than yourself. If you wish to authorise this, please complete the following.

Please regard this as my authority for you to act on investment instructions received from:

The adviser firm detailed above

Another party

You may select one or both of these options.

Other party's contact name

Address

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

Telephone number

Fax number

E-mail address

Any fees and commission payments to be paid from the Self-Invested Fund require your express written consent and will be paid on receipt of an invoice from your adviser(s).

Please include area code.

Please include area code.

Please include area code.

**4. Investment intentions**

Please note, if you intend to invest in unit trusts/OEICs through Cofunds via either SIPP option, you will be bound by the Cofunds Customer Agreement. A copy of this is available on request.

Do you wish to invest in the FundSIPP option (maximum 20 funds from the Cofunds range)? Yes  No

*If yes, please ignore the rest of this section. Please ensure that you have completed the investment authority on page 6. Uninvested monies will be held on deposit in your SIPP bank account.*

*If no, please complete the rest of this section.*

i. Do you want Prudential to transact unit trust or other investment applications or instructions provided by your adviser? Yes  No

*Please ensure that you have completed the investment authority on page 6*

ii. Do you want to invest in unit trusts/OEICs? Yes  No

*Your adviser can place investment instructions online via the Pruadviser web portal*

iii. Do you wish to appoint Prudential's preferred execution-only broker for share dealing (Stocktrade)? Yes  No

*We will open an account and provide you with details when it has been opened. The terms of the facility will be provided on request.*

*Please give the following information for online dealing.*

Mother's maiden name

Email address



iv. Do you want to appoint an investment manager or broker of your choice? Yes  No

*Please complete the investment manager details below. This does not apply to advisers giving investment advice.*

v. Are you considering the purchase of a commercial property? Yes  No

*You will need to complete a property form.*

**5. Investment manager**

You should complete this section if you wish to appoint an investment manager/broker of your choice.

Name of Investment Manager or Broker

Type of Service

Discretionary

Advisory

Execution-only

Name of Investment Manager/Broker

Contact name

Address

Postcode

Telephone number

Fax number

E-mail address

Please refer to your Key Features Document for the restrictions that apply where you are invested in the FundSIPP option.

We cannot guarantee that we will be able to establish an account with your chosen investment manager or broker. We will notify you if it is necessary to appoint an alternative.

## Part I – Declaration by investor

**As HM Revenue & Customs (HMRC) grant tax relief at source on the strength of this application you should be aware that it is a serious offence to make false statements; the penalties are severe and could lead to prosecution. Please read this section carefully before you sign and date this form.**

### 1. New members only:

I apply for membership of the Prudential (SAL) Personal Pension Scheme. I agree to be bound by its Rules.

### All new and existing members:

Please treat this form as several Applications, each in respect of an Arrangement/Plan under the Scheme. I agree that the Scheme Administrator should decide on the number of Arrangements/Plans.

2. I declare that

- a) to the best of my knowledge and belief, the details given by me in this application are true and complete and agree that the terms of this application, any other written statement by me or on my behalf to Prudential together with Prudential's Acceptance, shall form part of any relevant contracts.
  - b) my total contributions to all UK registered pension schemes (schemes that attract tax relief) will not exceed the higher of (i) my Relevant Earnings (broadly UK taxable earnings directly from a trade, or profession or employment) and (ii) £3,600, if my Relevant Earnings do not exceed £3,600.
  - c) if I cease to be a UK resident, for tax purposes or cease to be eligible for tax relief on any contribution that I am paying (because my earnings have reduced), I will write to Prudential to confirm this before the later of (i) 30 days after the change, and (ii) the 5 April at the end of the tax year when my circumstances change.
3. I understand that if my employer is contributing to the plan – my contribution, if any (net of tax at the basic rate) will be deducted from my earnings after all other deductions and will be sent to Prudential along with my employer's contribution (if any) and I authorise such deduction from my earnings.
4. I understand that I can alter the terms of my plan by giving revised instructions to Prudential, in writing, and that these revisions can be either directly from me, from my employer, or from the financial adviser who arranged my plan (or from any other adviser I appoint in writing and accepted by Prudential) provided that such revisions are allowed in terms of the Rules and Plan Conditions.

5. I understand that if I have chosen the SIPP option in Part D, or if I choose it in the future, I consent to Prudential and/or Suffolk Life Group:

- accepting investment instructions from my adviser, investment manager or other party detailed in Part H of this form or in writing at a later date, until I advise you to the contrary in writing.
- accepting investment instructions after my death from my potential beneficiaries and/or personal representatives.
- making investment decisions and/or selling assets without my consent according to the Terms and Conditions of my plan(s).

6. Where I have chosen the SIPP option in Part D, or if I choose it in the future, I consent to Prudential and Suffolk Life Group disclosing information regarding my Self-Invested Fund (SIF), including personal data (as defined in section 1 of the Data Protection Act 1998) and information relevant to my SIF:

- a) to any person anywhere in the world in the proper performance of their obligations under my plan's Term and Conditions, including any manager, any company within the Suffolk Life Group and any of their agents, delegates, counterparties and advisers; or
- b) to any member of the Suffolk Life Group to whom liabilities under my plan(s) are reinsured in accordance with my plan(s) Terms and Conditions; or
- c) as required by law or any competent authority; or
- d) to any person Prudential or Suffolk Life Group reasonably believe to be my agent. Prudential or Suffolk Life Group may disclose such information orally, in writing (including by e-mail) or via secure internet portal.

7. I understand if I select the SIPP option in Part D for all or some of my payment, and purchase any assets within the first 30 days that are either non publicly quoted or not readily realisable, then I automatically waive the right to cancel the self invested part of the plan.

8. Where my employer has agreed to arrange contributions to my plan I consent to:
  - a) Prudential giving my employer information about my plan.
  - b) Prudential getting more information, and I consent to the giving of such information, as may be necessary for the installation and administration of my plan.
9. I agree that Prudential may change the terms of the contract later if I have given incomplete or inaccurate information in this application.
10. I understand and agree that:
  - a) I may alter the amounts, and frequency, of the Drawdown payments by giving revised instructions, in writing or otherwise, in a manner acceptable to Prudential provided that such payments are made only to the bank or building society account detailed in Part E of this application (or to any replacement account which I subsequently confirm in writing to Prudential);
  - b) I cannot pay or transfer any further monies into any existing Income Drawdown Plan and any new monies will be invested in a new Plan or Plans;
  - c) Prudential may adjust Drawdown payments at any time in the future if this is necessary to comply with HMRC rules;
  - d) Prudential shall be fully discharged of any liability for payments made in accordance with this application and any subsequent alterations to the instructions detailed on this form;
  - e) Prudential will review my Income Drawdown plan every 3 years, or earlier if agreed by Prudential, in accordance with the scheme rules.
11. I understand where I have chosen to take income that I am responsible for ensuring there is sufficient cash in addition to the minimum bank account balance to pay the income I require where that income is to be taken, in whole or in part, from the Self Invested Fund.
12. I understand the Income Drawdown plan will have a Selected Retirement Age of 75 which cannot be changed.
13. I understand that I am responsible for any tax charges on unauthorised payments if the information that I have given is not complete and correct.
14. I declare that I have no intention of "recycling" any tax-free cash lump sum detailed in this form (i.e. investing the tax-free cash in another pension contract in a way that would breach HMRC rules).
15. I undertake to advise Prudential if the information completed in Part F in relation to Lifetime Allowance changes between the date I submit my application and when terms and conditions are issued.
16. I request maximum income reviews are conducted within the timeframe set out in legislation and as agreed by Prudential.
17. I understand that I will be issued with a Personal Pension Plan and an Income Drawdown Plan. Should I cancel the Personal Pension Plan I will also have to cancel the Income Drawdown Plan.
18. If I have chosen to invest in unit trusts/OEICs through Cofunds via either SIPP option in Part H, I agree to be bound by the Cofunds Customer Agreement.
19. I consent to Prudential providing the Financial Adviser detailed in this Application Form, information on all my Prudential Individual Pension Plans [including group arrangements]. This authority is valid until it is cancelled, in writing, by me, or by submission of future applications.

#### 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.

## Part I – Declaration by investor – continued

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 communications.

### 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.

For your own benefit and protection, you need to 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 us for further information.

Signature of Investor

Date

D	D	M	M	Y	Y	Y	Y
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**Prudential As Administrator Agrees To Administer The Prudential Sal/M&G Personal Pension Scheme As Required By The Rules Of The Scheme.**

## Part J – Declaration by employer

**To be completed only if the employer is contributing to the plan or paying contributions on the applicant's behalf.**

1. We, as employer of the employee making this application, confirm our agreement to pay the contribution in accordance with this application to provide benefits in respect of the said individual.
2. We agree, having been so authorised by the employee, to deduct from payments of salary or wages, after all other deduction, his or her contribution, if any, net of tax relief at the basic rate in force at the time the contribution is paid to Prudential. We undertake to hold such contribution as agent for the said employee and, as agent, to pay these contributions together with our own contribution, if any, in accordance with this application to Prudential.
3. We will ensure that any employee contribution is paid to Prudential before the 19th of the month following deductions, if any, from the employee's pay (to meet the legislative "contribution monitoring" rules).
4. These agreements shall cease to operate if the employee leaves our employment or on such earlier date as we may decide. In either case, we will write to Prudential and the individual accordingly.

Signed for and on behalf of the employer

Date

D	D	M	M	Y	Y	Y	Y
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**For completion by financial adviser – other essential information – all sections should be completed**

**1. Your FSA number** (Registered Individuals)

R.I. Number         OR

Registered Individual's Forename

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

                    

AND

Registered Individual's Surname

                    

Was advice given? Yes  No  We will only accept Income Drawdown business where advice has been given.

**2. Your Agency details**

Your Prudential (SAL) Agency Number

OR

Agency Name and Address Stamp

       

e.g. 1 2 3 4 5 6 X

**3. Your customer reference number** (if any)

                    

**4. Commission Instructions**

**No commission is payable on the Personal Pension plan. Please supply the commission required for the Income Drawdown Plan below.**

**Notes on completing commission instructions:**

- Please choose commission options based on what the client requires now and will require in the future. Once the plan has been set up it won't be possible to make any future changes to the commission structure. For example, FRC is not paid on any Self-Invested Fund. If the Self-Invested Fund is switched to another fund in future, you will not receive any FRC unless you select a level now, as the commission shape is agreed at the outset of the plan. The "Adviser Remuneration Guide to The Pru Flexible Retirement Plan" PENS10043 provides more information about how commission is structured and the different options available.
- If the illustration indicates the commission requires customer approval, please ensure you attach customer approval.

Commission type (Please tick one option only)	Amount	Plus Fund Related Commission
Nil <input type="checkbox"/>		
Unfunded Initial (Reduced allocation) <input type="checkbox"/>	<input type="text"/> %	<input type="text"/> %
Funded Initial (100% allocation with Establishment Charge) <input type="checkbox"/>	<input type="text"/> %	<input type="text"/> %
Fund Related <input type="checkbox"/>		<input type="text"/> %

