

Onshore Investment Bond

Short application form



Some important information before you start

Only fill in this short application form if you are:

- aged 18 or over
- a UK resident
- in the UK when you sign the document.

Please read your Key Features document and your illustration and have them with you when you fill in the form.

This is a short application form for:

- Flexible Investment Plan
- Prudential Investment Plan

This is a simplified application form. It is designed to be used where no product options have been selected (i.e. Programmed Switching, Auto Rebalancing, Interest Sweep or Guaranteed Minimum Death Benefit).

If you require any of these product options, please use the full product application form.

The plan will be set up based on the information supplied in this form and the illustration you submit with this form.

It is very important that you check that the details contained in the illustration are correct, as this defines the basis on which your plan will be set up.

Please note that the plan will be set up based on the product terms applicable at the date the application is received.

About filling in the form

- 1 Follow the instructions about who needs to fill in which sections.
- 2 If you need more space for your answers, fill in a separate continuation sheet, mark it with the section and question number and attach it to this form.
- 3 Please use black ink. Write in CAPITAL LETTERS. Tick the appropriate boxes.
- 4 If you make a mistake, please cross out the mistake, and each owner must initial any changes. If you make a mistake on the cheque, you must countersign rather than initial any changes.

About the form sections

Section 1 is about the policy owner, and the lives assured (all applicants fill in this section)

Section 2 is about your investment (all applicants)

Section 3 is about your plan (all applicants)
Section 4 is the

Section 4 is the declaration (all applicants)

Section 5 is for completion by the Financial Adviser only

When you have finished filling in the form

Please send this form and its attachments back to us in the prepaid envelope or to:

Freepost, Prudential, Stirling, FK9 4UE

Make any personal cheques payable to The Prudential Assurance Company Limited.

For bank and building society "counter" cheques, please make payable to The Prudential Assurance Company Limited and clearly include your name on the payee line.

If you send a cheque or application form incorrectly filled in, we may have to return the application which could in turn affect the date on which your investment is made.

Questions about this form?

If you are an Adviser, please call our Adviser Centre on **0808 234 0808**. Lines are open Monday to Friday between 8.30am and 6pm.

If you are a prospective Policyholder, please speak with your Financial Adviser or call our Policyholder Service Centre on **0800 000 000**. Lines are open Monday to Friday between 8am and 6pm.

Our web addresses are **www.prudential.co.uk** for financial advisers and **www.pru.co.uk** for policyholders.

1 Personal details (all applicants)

About the owners of the plan

Please use black ink. Write in CAPITAL LETTERS. Tick [✓] the appropriate boxes.

1.1 Is the plan to form part of a new trust or existing trust?

No → go to 1.3 Yes

1.2 Is the plan to form part of a new trust or existing trust?

No Yes – A certified copy (a copy signed/dated by an Adviser stating "this is a true copy of the original" will be acceptable) of the trust must be provided.
Give the name of the trust

Where this plan is to be part of a loan trust, or it is to form part of an existing trust, the Trustees should complete as owners. For all other trusts it should be the person making the investment who should complete as owner.

Is the plan to be issued under a new trust?

No Yes – Please send in a completed trust deed with this application.

1.3 Fill in the details for the owners of the plan – the person or people taking out the plan.

If more than two trustees, please complete details of additional trustees on a separate sheet and attach with this application.

First owner or trustee if applicable

Title

Mr Mrs Miss Ms Dr Other

Surname

Other names in full

Gender

Male Female

Date of birth

Permanent residential address

Postcode

Daytime phone number

Email address

For joint owners with different addresses, we send all future correspondence to the first owner.

Second owner or trustee if applicable

Title

Mr Mrs Miss Ms Dr Other

Surname

Other names in full

Gender

Male Female

Date of birth

Permanent residential address

Postcode

Daytime phone number

Email address

1 Personal details (continued)

About the lives assured

1.4 Are the owners of the plan to be the lives covered on death?

- Yes → Flexible Investment Plan go to 1.6. Prudential Investment Plan go to 2.
- No → go to 1.5

1.5 Fill in the details of the lives assured – the people to be covered for death benefit by the plan.

First life assured

Title

Mr Mrs Miss Ms Dr Other

Surname

Other names in full

Gender

Male Female

Date of birth

Relationship between the owner and the life assured

Spouse Co-habiting partner Family member Civil partner
 Trustee of an existing trust Other*

**If you select "Other", under UK Law you will need to demonstrate an 'insurable interest' at the time the plan is taken out. This exists where the owner derives a financial benefit from the continued existence, or would suffer a financial loss if the person covered by the plan were to die.*

Second life assured

Title

Mr Mrs Miss Ms Dr Other

Surname

Other names in full

Gender

Male Female

Date of birth

Relationship between the owner and the life assured

Spouse Co-habiting partner Family member Civil partner
 Trustee of an existing trust Other*

1.6 For Flexible Investment Plans only: for joint life plans, would you like the death benefit paid when the last of the two people covered dies?

- Yes *We will pay the death benefit for joint life plans on the second death, unless you tell us otherwise.*
- No

Only people taking out a joint life plan should answer this question.

Now go to Section 2 – About your investment →

2 About your investment (all applicants)

Details of the applicant

2.1 I/We confirm that the funds for this application have not come from a full or part withdrawal from a Prudential or Prudential International investment in the last 12 months.

If Prudential discover this to be incorrect, we may cancel your plan at any time. If we do, we will return your initial investment less any withdrawals.

These products are in the "increased risk" category of the Joint Money Laundering Steering Group guidance. Questions 2.2. to 2.5 are required in order for us to meet our Money Laundering requirements.

	First owner	Second owner (joint owner applications)
2.2 Occupation/ Nature of business	<input type="text"/> Trustees should just put "Trustee".	<input type="text"/>
2.3 Annual Income	<input type="checkbox"/> 0 – £14,999 <input type="checkbox"/> £15,000 – £29,999 <input type="checkbox"/> £30,000 – £59,999 <input type="checkbox"/> £60,000 – £99,999 <input type="checkbox"/> £100,000 – £149,999 <input type="checkbox"/> More than £150,000	<input type="checkbox"/> 0 – £14,999 <input type="checkbox"/> £15,000 – £29,999 <input type="checkbox"/> £30,000 – £59,999 <input type="checkbox"/> £60,000 – £99,999 <input type="checkbox"/> £100,000 – £149,999 <input type="checkbox"/> More than £150,000
2.4 Where will the funds for this investment come from?	<input type="text"/> For example, a UK bank account.	<input type="text"/>
2.5 How did you raise the funds?	<input type="text"/> For example, saved from salary, inheritance, property sale, divorce settlement.	<input type="text"/>

Trustees do not need to fill this in.

About your investment payments and charges

2.6 I/We would like to pay:

by cheque/Bank Transfer

Make your personal cheque payable to The Prudential Assurance Company Ltd.

If the cheque is not drawn on your personal account, we may ask you to provide evidence that the money is yours.

by share exchange facility

You can exchange some or all of your existing shares for an investment in the Flexible Investment Plan.

For further details please speak to your Financial Adviser.

For bank and building society "counter" cheques, please make payable to The Prudential Assurance Company Limited and clearly include your name on the payee line.

3 About your plan (if applicable)

Withdrawals start date

3.1 I/We would like regular withdrawals to start on:

This must be at least 30 days after the start of your plan. Payments normally reach your account within 5 working days of your chosen date.

*The earliest payment date for the **With-Profits Regular Bonus as Income Option** will be defined by the frequency you select. For example, if you want payments every three months, the earliest first payment will be 3 months from the acceptance of this application.*

If invested in a Distribution Income Fund, the date must be at least 30 days after the start of your plan and after the next distribution date.

About your plan (if applicable) (continued)

Your account details

3.2 Please fill in the details of the account you would like us to pay withdrawals into.

Name of your bank or building society	Account name
<input type="text"/>	<input type="text"/>
Sort code	Account number
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address of bank or building society	
<input type="text"/>	
Postcode	
<input type="text"/>	

We pay directly to your bank or building society, so please make sure your account can accept direct credit payments.

Further options

3.3 For Prudential Investment Plan only, please tick one box to indicate how you would like the initial commission to be paid for.

- Initial charge (no early cash-in charges will apply), or
- Establishment charge over five years (early cash in charges will apply over five years)

4 Declarations

The owners of this investment must read these declarations before signing the relevant section for their application.

4.1 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 us for further information

I/We confirm that I/we have received and read the key features document for this plan. I/We declare the information given in this document is true and complete to the best of my/our knowledge.

I/We confirm that I / we agree to my / our plan being set up on the basis outlined in the attached illustration.

For trustees: I/We confirm that I/we have sufficient powers of investment for the purpose of effecting the proposed policy(ies) as an asset of the Trust Fund.

How we use your personal data

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

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

For certain products, we will need to process sensitive personal data such as health data. It may also be necessary, for the above purposes, to transfer your information to countries that provide a different level of data protection from the UK.

In such circumstances, we will put a contract in place to ensure your information is protected. By completing and submitting this form, you consent to us processing your sensitive data and to the processing mentioned above.

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

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

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

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

Declarations (continued)

The owners of this investment must read these declarations before signing the relevant section for their application.

4.1 (continued)

Your marketing choices

We would like to contact you to keep you updated with information on our products and services by phone, email or post.

If you do not want us to contact you, please tick this box.

A copy of the Flexible Investment Plan terms and conditions and the completed application form are available on request.

4.2 I/We make the application for a policy(ies) of life assurance on the life/lives described in Personal Details (in Section 1) and request that the policy(ies) be issued to me/us. I/We request that any amount payable under the policy(ies) be paid to me/us, or in the event of death, to my executors or administrators (or the survivor of us if joint owned or the executors or administrators of the last to die).

	First owner/Trustee	Second owner/Trustee
Signature	<div style="border: 1px solid black; height: 80px;"></div>	<div style="border: 1px solid black; height: 80px;"></div>
Date signed	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

All trustees must sign and complete this section.

If more than two trustees, please complete details of additional trustees on a separate sheet and attach with this application.

5 Verification of the customer's identity and Financial Adviser's confirmations

Introduction by an FSA-regulated firm

When you should not use this verification form

You cannot use this form for customers who:

- were already customers of your firm before the need for verification was introduced
- have a permitted exemption from verification under the Money Laundering Regulations
- have had their identity verified from their source of funds.

About this section

Please fill in a confirmation for each customer – joint holders, trustees etc.

If a third party is involved – for example someone who will pay contributions who is not the customer, you also need to confirm you have verified their identity.

This confirmation must have an original signature or electronic equivalent.

For Financial Advisers only.

All Financial Advisers must fill in all the details in this section.

5.1 About the customer (applicant/owner)

First customer (applicant/owner)

Surname	Other names in full
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

Date of birth

<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
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Current address

<div style="border: 1px solid black; height: 20px;"></div>
Postcode
<div style="border: 1px solid black; height: 20px;"></div>

Previous address (if their address has changed in the last three months)

<div style="border: 1px solid black; height: 20px;"></div>
Postcode
<div style="border: 1px solid black; height: 20px;"></div>

If you have to verify the identity of more than two customers, please fill in and attach separate forms for each one.

Verification of the customer's identity and Financial Adviser's confirmations
(continued)

5.1 (continued)

Second customer (applicant/owner)

Surname

Other names in full

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Date of birth

D	D	M	M	Y	Y	Y	Y
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Current address

	Postcode

Previous address (if their address has changed in the last three months)

	Postcode

Your confirmation

5.2 I confirm that I gathered the information in 5.1 in relation to the customer and that the evidence I gathered to verify their identity:

Just tick one.

meets the standard evidence set out in the guidance for the UK financial sector from the Joint Money Laundering Steering Group.

or

exceeds the standard evidence and I have attached written details of the extra evidence.

I confirm that I gave the customer advice

We need to record whether you gave advice for the FSA.

Yes

No

Name of registered individual/Your name

Prudential agent number

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

Signed

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Date signed

D	D	M	M	Y	Y	Y	Y
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Full name of regulated firm or sole trader

FSA reference number

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Verification of the customer's identity and Financial Adviser's confirmations
(continued)

Your commission

5.3 Please indicate your commission requirements. If you would like Initial and Renewal commission, please tick both boxes.

Initial commission % or £

Renewal commission %

Initial commission is the amount you require after allowing for rebate.

For Flexible Investment Plan only, if you have rebated your commission please tick one box to indicate how you would like it rebated:

to increase the premium on a 1:1 basis

or to increase the allocation factor on a 1:0.8 basis

or to reduce the Annual Management Charge on a 1:0.1 basis

Please enter any other instructions here

Adviser checklist

5.4 Please make sure you have done everything on this checklist. I have:

attached the illustration
If you cannot attach the illustration, please enter the illustration reference number here

filled in/attached relevant supplementary forms attached any relevant continuation sheets

completed the verification of identity section completed my commission details in 5.3

attached written details of any extra verification evidence confirmed whether I gave advice in 5.2

filled in/attached any separate identity verification sections signed the form

enclosed a cheque

Tick the box if relevant to the application.



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