



Alteration 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.

This plan must be a Prudential Group Personal Pension or Stakeholder Pension. If you give a plan number which does not match the basis for your new contributions, we will add your new contributions to your most recent matching plan, to give you flexibility when you want to cash-in your retirement fund.

The investment funds selected can be changed for all contributions received to date OR for future contributions only. Please tell us what option you want.

About this form

If you have any questions about this form, you can call us free on **0800 000 000** between 8am and 6pm Monday to Friday. Calls may be monitored or recorded for quality and security purposes.

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.

Warning: Please ensure the following answers are true and complete. Failure to disclose material facts (i.e. facts likely to influence Prudential's assessment or acceptance of this application) may lead to cancellation of the contract.

If you are in any doubt as to whether facts are material, full details should be provided.

Please return this form in the enclosed reply paid envelope to: **FREEPOST, Prudential, Stirling FK9 4UE.**

Please confirm the change(s) you want made to your Group Personal Pension or Stakeholder plan.

Use the "tick boxes" to confirm your requirements.

Part A – Your details

Member's name

National Insurance no.

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Your existing plan number

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Scheme name

Group Personal Pension/Group Stakeholder
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Scheme number

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Please tick box

1. Change the contribution basis or add single contributions (member and/or employer) – please go to part B
2. Change your Selected Retirement Age
3. Tell Prudential about changes to your Nomination of Beneficiary(ies)
4. Add waiver benefits – please go to part C
5. Change the investment strategy used for your plan

If you have ticked 2, 3 or 5 please describe the changes below. Otherwise, you should complete the section(s) shown. Please ensure you go to part F – Declaration.

Description of changes

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Part C – Waiver/Comprehensive Waiver Benefit

If you already had a Prudential (SAL) or Prudential (M&G) personal pension plan before 6 April 2001, any waiver benefit in respect of contributions added to the plan will be met from the total contribution for retirement funding. However, if you started your plan on or after 6 April 2001, any waiver benefit cost does NOT qualify for pensions income tax relief (PIRAS) AND is payable in addition to pension plan contributions.

* Comprehensive Waiver Benefit is available only for Series A or Premier plans started before 6 April 2001.

** These options are available if your single contributions are part of a series of single contributions to a Prudential personal pension started before 6 April 2001, but not if you are starting a series of single contributions after age 60.

There must be at least 5 years between acceptance for Waiver Benefit for new regular contributions and the age when you want the benefit cover to stop. This waiver cessation age cannot be changed later.

The deferred period is the period before contributions start to be credited to your plan. The deferred period cannot be changed.

If you joined the Prudential (SAL) or Prudential (M & G) Scheme for the first time on or after 17 January 2005, you cannot apply for Waiver Benefit. If you joined the Prudential (SAL) or Prudential (M&G) personal pension after 5 April 2001, it is not possible to add Waiver Benefit after the plan has started.

Waiver benefit is not available if you are over age 60 (except for earnings-related increases if waiver applied to your plan before age 60).

Additional contributions:

- ▶ If your existing plan is a Premier plan – your new contributions will automatically have the same Waiver/Comprehensive Waiver Benefit* as your existing plan. You should ignore the rest of this section and go to part D.
- ▶ If your existing plan is a pre-Premier plan (i.e. Series A or earlier) – you can choose whether you want to have Waiver/Comprehensive Waiver Benefit* on the additional contribution in this application. Please complete the rest of this section and then go to part D.

Adding Waiver Benefit for the first time:

- ▶ Please complete the rest of this section and then go to part D.

	Regular contributions	Single contributions**
I want to apply for Scheme Waiver Strategy	<input type="checkbox"/>	<input type="checkbox"/>
I want to apply for Waiver Benefit	<input type="checkbox"/>	<input type="checkbox"/>
I want to apply for Comprehensive Waiver Benefit*	<input type="checkbox"/>	<input type="checkbox"/>

If your Selected Retirement Age is 60 or below, cover for Waiver Benefit will stop on your Selected Retirement Age.

If your Selected Retirement Age is above 60, do you want Waiver Benefit/Comprehensive Waiver Benefit* to stop:

Please tick one box

at age 60 **OR** at your Selected Retirement Age If your Selected Retirement Age is over 65, Waiver Benefit will stop at 65 if you tick this box.

How long do you want the deferred period to be?

3 months 6 months 12 months

Please now go to part D.

Part D – Health details

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

You must complete the health questions if you wish to protect your pension payments.

Important information for customers

Please help us by filling in the application form honestly and in full. If you miss any information out, or give us misleading information, this may mean that we will not pay your claim. In addition, this could also delay the processing of your application. If you are uncertain about whether any particular fact would influence our decision, you should include it. If you do not, this may mean that we will not pay a claim in the future. Please disclose all relevant information as we may not contact or obtain a report from your doctor.

If someone else fills in the form for you (for example your financial adviser), please check that all the details are correct before you sign the declaration. You are responsible for all the answers you or your financial adviser provide on this application. If you make a mistake please cross it out, put 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 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 between completion of this form and your plan starting to any of the following:

- your personal health,
- your occupation,
- your participation in any hazardous sport or pastime.

If you do not your plan may be cancelled and your claim will not be paid.

1a. Your current occupation

1b. Please describe your duties fully, including the industry you work in and provide a percentage split between manual and non-manual duties. If you work at heights, please give details of the maximum height at which you work.

2a. 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

If Yes, please give full details.

Name of doctor, hospital or clinic

Date

D	D	M	M	Y	Y	Y	Y
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Details or description

Part D – Health details – continued

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

- 2b. 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

If Yes, please give full details including dates.

- 2c. Within the last five years have you tested positive or been treated for any disease, which was transmitted sexually? Yes No

If Yes, please give full details.

Name of doctor, hospital or clinic	Date	Details or description								
<input style="width: 95%;" type="text"/>	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">D</td><td style="width: 20px; height: 20px; text-align: center;">D</td><td style="width: 20px; height: 20px; text-align: center;">M</td><td style="width: 20px; height: 20px; text-align: center;">M</td><td style="width: 20px; height: 20px; text-align: center;">Y</td><td style="width: 20px; height: 20px; text-align: center;">Y</td><td style="width: 20px; height: 20px; text-align: center;">Y</td><td style="width: 20px; height: 20px; text-align: center;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input style="width: 95%;" type="text"/>
D	D	M	M	Y	Y	Y	Y			

3. Do you, or do you intend to, participate in any sport or pastime that involves any additional risk of accident such as, but not limited to, motor/motorcycle sports, mountaineering, underwater activities, private flying or hang gliding? Yes No

If Yes, please give full details including number of events or hours you undertake per annum.

- 4a. What is your height?

- 4b. What is your weight?

5. Have you attended or been advised to attend any doctor, osteopath, chiropractor, acupuncturist, physiotherapist, consultant, hospital or clinic for any form of advice, operation, treatment or tests within the last 5 years or are you subject to regular medical review or receiving any medical treatment or attention? (colds, flu, minor injury and routine pregnancy consultations may be excluded) Yes No

6. Have you ever suffered from back or neck discomfort or joint problems or have you ever had any illness requiring more than two weeks off work? Yes No

If you have answered Yes to question 5 or 6 please provide full details.

Part E – Declaration

1. The information given by me in this form is, to the best of my knowledge and belief, true and complete. If this application includes a request to increase contributions
 - The new contributions should be added to the plan quoted above.
 - For plans started after 25 July 1989, my existing plan(s) should be transferred into new Arrangements (the number to be decided by Prudential in its capacity as Scheme Administrator) unless such a transfer of Arrangements has been made since 26 January 1998. This transfer will not otherwise alter the financial term of my existing plan(s).
 - I declare my total contributions to all UK registered pension schemes (schemes that attract tax relief) will not exceed the higher of my Relevant Earnings (broadly UK taxable earnings directly from a trade or a profession or employment), and £3,600, if my relevant earnings do not exceed £3,600.
2. By submitting this application form to us, you consent to our processing sensitive personal data about you where this is necessary or appropriate. "Sensitive" personal data may include, for example, information relating to your medical history, which we will use for underwriting purposes.
3. I confirm I have received and read the Key Features.

Copies of the plan terms and conditions and the completed application form are available on request.

Member's signature

Date signed

D	D	M	M	Y	Y	Y	Y
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For Prudential Use Only

Cheque Acknowledgement Number

Cheque Amount

Date Stamp

www.pru.co.uk

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