



Employee 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.

If "Other", please tick first box, then state title.

Include postcode

About this form

PW1

The scheme member should complete Part 1, Part 2 "Health details" if life cover is required and the Declaration in Part 3. The scheme trustees should complete Part 4 to Part 8 and the Financial Adviser should complete Part 9.

- ▶ If you need more space to give details on any of the questions, please continue on a separate sheet, cross-referring to the section.
- ▶ 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.
- ▶ As you complete the form, please read the notes which are there to help you.

Important note

- ▶ Please help us by filling in the application form fully and accurately. Failure to disclose any facts which would be likely to influence Prudential's assessment or acceptance of this application may lead to the cancellation of the contract.
- ▶ If you have any doubt about whether any information would be important to us in accepting your application, please provide full details.
- ▶ It is a serious offence to give false information and to do so could lead to prosecution.
- ▶ Some of the information in this form is needed because of HM Revenue & Customs rules – so must be correctly and fully completed.
- ▶ Copies of the plan terms and conditions, and completed application form are available on request.

Part 1 – Member's details

Title Mr Mrs Miss Ms Dr

Other

Surname Forename(s)

Address

 Postcode

Date of birth

National Insurance number

Sex Male Female

If life cover greater than any automatic cover for the scheme is to be provided for you, please also complete Part 2 – Health details.

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

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 or critical illness up to £300,000 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 either £500,000 for life insurance or £300,000 for critical illness 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.

The member should complete this section if life cover greater than any automatic cover for the scheme is required.

Name of your doctor

Your doctor's address

Postcode

Your doctor's telephone number

How long has he/she been your doctor? years

Your current occupation

Have you ever been declined (refused cover), deferred or offered non-standard terms for life cover, critical illness or any incapacity benefit?

Yes No

If Yes, please give names of insurance companies

Have you in the last 5 years, or do you intend to:

- i) participate in any sport or pastime which involves any additional risk of accident, such as mountaineering, motor sports, hang-gliding, or underwater activity? Yes No
- ii) live abroad apart from holiday visits? Yes No
- iii) fly, except as a fare-paying passenger on an established public service? Yes No

If Yes, please provide full details

Please include area code.

Please describe your duties fully. Include 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.

Continue on a separate sheet, if necessary,

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

Please do not assume we will obtain a report from your doctor.

1 unit = 1 measure of spirits, 125ml of wine or 1/2 pint of beer.

Colds, influenza, minor injury and routine pregnancy consultations may be ignored.

Oral contraception can be disregarded.

If we require a medical examination to complete our underwriting, please indicate if you want to attend one of our selected examiners, or your own GP.

Selected examiner Own GP

What is your height and weight? Height Weight

Have you smoked or used any tobacco products in the last 12 months? (includes cigars, cigarettes, pipes and any nicotine replacement therapy etc) Yes No

If Yes, please provide details of daily amounts:

Cigarettes	<input type="text"/>	Tobacco	<input type="text"/>
Cigars	<input type="text"/>	Nicotine replacement products	<input type="text"/>
Pipe	<input type="text"/>		

Please note: random tests may be carried out to confirm non-smoker status.

What is your average weekly consumption of alcohol in units?

Have you ever taken recreational drugs (ie drugs taken other than as treatment for a medical condition)? Yes No

If Yes, please give full details.

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? Yes No

If Yes, please give full details, including dates, treatment and periods off work.

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 yes, please give full details, including dates, treatment and periods off work.

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, including dates, treatment and periods off work.

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

Please do not assume we will obtain a report from your doctor.

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.

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, including nature and date of test, reason for exposure, country involved (if applicable) and/or nature of sexually transmitted disease.

This information may be sent in confidence direct to our Chief Medical Officer, Prudential, Stirling FK9 4UE.

Please tick this box if you have sent this information direct to our Chief Medical Officer.

Have you ever had, or suffered from any of the following:

- | | | |
|---|------------------------------|-----------------------------|
| Alcohol or substance abuse | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Asthma, bronchitis or chest complaint | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Arthritis, joint pain, or blood disorder | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Back or spinal problems | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Rheumatism, musculo-skeletal problems | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Cancer, growth, tumour, cyst or enlarged glands | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Diabetes or thyroid disorder | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Digestive or bowel disorder | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Ear or eye disorder | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Heart condition, chest pain, or palpitations | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Kidney, bladder, urinary or liver disorder | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Nervous or mental disorder including anxiety, depression, stress or psychiatric disorders | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Raised blood pressure, stroke or epilepsy | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Paralysis or multiple sclerosis | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If Yes, please give full details, including dates.

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

Please do not assume we will obtain a report from your doctor.

Before the age of 65, did either of your parents or any brothers or sisters suffer or die from cancer, heart disease, stroke or diabetes? Multiple sclerosis or Alzheimers disease? Muscular Dystrophy or motor neurone disease? Huntington's disease, polycystic kidney disease, polyposis of the colon? any other potentially hereditary disease or disorder?

Yes No

If Yes, please complete this table.

Relationship			
Illness (if cancer, which part of the body was affected?)			
Age at onset			
Age at death (if applicable)			

I, as the member named in this application, hereby agree to:

- › join the scheme;
- › be bound by the rules;
- › the deduction of my contributions (if any) from my earnings;

and confirm that, to the best of my knowledge and belief, the details given in this form, including those in the "Health details", if appropriate, are true and complete.

Important notes

The plan will not start until we have assessed and accepted your application, and the first premium has been paid. If you have a birthday while your application is being processed, the terms may differ from those originally quoted.

In most instances your payments will be as originally quoted. We may offer you revised terms, but occasionally we may not be able to offer any terms.

We may ask you to contact your doctor if we are waiting for reports which we have asked for.

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 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 reassurance principles and details of any company we use to assess your application.

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 standard terms and conditions 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 premiums above standard rates; or
- › setting premiums 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:

Senior Medical Officer, Prudential, Stirling FK9 4UE

I do not want to see the report before sending it to the company.

I do want to see the report before sending it 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 plan, or after my death, to support any claim made on the plan proceeds.
- › This information can also be used to maintain management information for business analysis.
- › I have read the declaration, important notes and information relating to my rights under The Access to Medical Reports Act.

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.

Marketing Choice

We would like to keep you updated with information on our products and services.

To do this we would like to contact you by telephone, email or text. If you would not like to be contacted, please tick this box.

* 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).

Scheme details

Name of principal employer

Employer by whom member is paid (if different)

Name of scheme

Scheme number (if known)

Date member is to join the scheme

Normal Retirement Date*

Have you verified the member's date of birth?

Yes No

* Show the age to be used for the Normal Retirement Date.

Tick Yes if you have verified the member's date of birth against his/her birth and marriage/civil partnership certificates.

The member's earnings figure will allow us to give more meaningful quotations. We will compare estimated eventual benefits with the member's estimated retirement earnings. If an earnings figure isn't given, we will use the current national average earnings figure projected to the member's retirement date for the comparison.

Automatic increases will not operate in the first six months after the start of contributions in respect of this application, but otherwise will apply on each scheme review date.

Part 5 – Earnings/contribution details

Yearly rate of earnings

£

Regular contributions

Payable by:

Employer £ Member £

When do you want to start regular contributions?

How often are regular contributions to be paid? Monthly or Yearly

Do you want contributions to increase automatically each year?

Yes No

If Yes, by what rate?

 % each year

or

NAE (tick)

(whole number – minimum 5%/maximum 15%)

Single contributions

Please use the appropriate transfer form for a transfer payment from other pension arrangements.

Amount £ including £ payable by the member (if any)

Please refer to the "Funds Brochure" for more information on the funds, the associated risks and the charges.

Is the Scheme Investment Strategy to apply?

Yes

No

If Yes, please now complete Part 7. If No, please discuss this with the scheme Financial Adviser and complete the remainder of this section.

If you don't want the Scheme Investment Strategy, but want the Lifetime Investment Option (see below), you can choose the investment linked fund(s) to be used initially, or you can leave the selection to us.

If you do NOT want the Scheme Investment Strategy or the pre-selected funds for Lifetime Investment Option, please complete the table below to confirm the investment fund(s) to be used. If you want the Pension Protector Option (see below), you must choose the investment fund(s) to be used.

Chosen Funds	% to be invested in each fund	
	Regular contributions	Single contributions
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
Total	100%	100%

Lifetime Investment Options/Pension Protector

If any of the following options are required, please tick only one of the boxes

Lifetime Investment (Cautious)

Lifetime Investment (Opportunity)

Lifetime Investment (Balanced)

Pension Protector

If you want to chose the initial funds under the Lifetime Investment Options, please complete the table above.

If you do not chose any of the above Lifetime Investment Strategies, we will assume that you are happy to start with the funds we choose for you.

Please now go to Part 7.

Please show the percentage investment split wanted for this plan if the member does not want the Scheme Investment Strategy. Fractions of 1% should not be used.

Contributions can be invested in up to six funds.

The With-Profits Fund is not available for new or additional investment if the member is within three years of their Normal Retirement Date (and, if chosen, would be treated as an application to invest in the Cash Fund).

Please make sure the total equals 100%.

These options do **not** apply to With-Profits investments.

Part 7 – Life Cover

Do you want to apply for life cover for the member?

Yes

No

If No, please go to Part 8. If Yes, please complete the rest of this section.

Amount of life cover required

£

Is the Whole Life Option required?

Yes

No

Has the member been absent from work due to illness or injury in the last 2 months?

Yes

No

If Yes, state the reason and length of the absence.

Part 8 – Trustees' declaration

PW9

- a). We declare that to the best of our knowledge and belief the information given in this form is true and complete.
- b). We agree that the member named in this application should be admitted to membership of the scheme and that the terms of this application and declaration, and any statements made by the member to Prudential's medical examiner together with Prudential's plan documents shall be deemed to form part of any resultant contract.
- c). We consent to Prudential obtaining details from any person or organisation of any benefits or any other information if this is necessary in carrying out the administration of the scheme.

Signed for and on behalf of the Trustees

X

Date

D	D	M	M	Y	Y	Y	Y
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For completion by Financial Adviser – essential information. All sections to be completed.

1. Source of funds for this investment

(e.g. a UK bank account, overseas bank account)

Source of wealth – (origin of funds for this investment e.g. employer contribution, trustee bank account. If other, please give details).

2. Commission instructions for single contributions

Please tick only one of the boxes below to confirm your commission basis. Please then complete the amount of commission in the right hand boxes. For initial commission, this should be expressed as a flat percentage.

Example:

Initial %

Please complete only one option from a) to d) below % to be taken

a) Initial %

b) Fund related %

c) Mixed initial/fund % Fund related %

d) Nil commission

Was advice given? Yes No

Please provide the appropriate information in relation to this sale. Application forms cannot be processed unless this information is provided.

What is the basis of this sale? Please tick only **one** option.

Financial Adviser or Whole of Market

Single or Multi-tie

Was face to face advice provided as part of this sale?

Yes No

If you answered "No" to the above, were the product terms and conditions provided to the client?

Yes No

Was advice given?

Yes No

Signature

Name in block capitals

Position in firm

Date

For Prudential use only

Cheque acknowledgement number

--	--	--	--	--	--	--	--

Cheque amount

£

SD agreed by

Date stamp

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