



# Application form

YC1

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.

## About this form

Thank you for choosing a Prudential Premier Stakeholder Pension.

This form can be used to apply for, or to increase contributions to, a Stakeholder Pension. Please make sure you have the correct form.

## Important information for customers

- ▶ If you have any doubt about whether a fact would be important to us in accepting your application, please provide full details.
- ▶ Some of the information in this form is needed because of HM Revenue and Customs rules – so must be correctly and fully completed.
- ▶ Copies of the terms and conditions and completed application form are available on request.
- ▶ 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 is likely to mean we will not pay a Waiver Benefit claim. In addition this could also delay the processing of your application. If you do not, it is likely that a claim in the future will not be paid. Please disclose all relevant information as we may not contact or obtain a report from your doctor.

## Part 1 – Your details – all applicants

Title Mr  Mrs  Miss  Ms  Dr  Other

Surname  Full forename(s)

Date of birth         Sex Male  Female

Permanent residential address

Postcode

Daytime telephone number

National Insurance number

Selected Retirement Age

*HM Revenue & Customs normally only allow pension ages earlier than 55 where the member has a protected pension age.*

Are you a Prudential policyholder? Yes  No

Yearly earnings  £

Your earnings figure will allow us to give you more relevant quotations. We will compare estimated eventual benefits with your estimated retirement earnings. If you don't give an earnings figure, we will use the current national average earnings figure projected to your retirement date for the comparison.

Include postcode.

Include area code.

If you are increasing contributions to a Premier Pension Plan, this must be the same age as for your existing plan.

**Part 2 – Eligibility details – all applicants**

Please tick only one option.

**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.)
- Pensioner – chargeable to tax under Schedule E (P.A.Y.E.)
- Self-employed – chargeable to tax under Schedule D in respect of self-employment in a trade, profession or vocation or in a partnership.
- Caring for one or more children under age 16
- Caring for a person over age 16
- Full-time education (over age 16)
- Unemployed
- Other

Are you a UK resident for tax purposes? 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 the last two questions you may not be eligible to contribute and get tax relief. You should check this with your Financial Adviser.**

**Part 3 – 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

Name

Telephone number  Extension

E-mail address

Address of employer  
  
 Postcode

You need only give this contact name if your employer is to send contributions on your behalf.

**Part 4 – Contracting-out – employees only**

The Selected Retirement Age for contracted-out benefits will be the one you chose in Part 1.

**If you are already contracted-out using a Prudential personal or stakeholder pension, or do not want to use your stakeholder pension for contracting-out, please go to Part 5. Please note the Government has confirmed that contracting out for this type of pension arrangement will cease with effect from 6 April 2012. If you have contracted out before then, at this date you will be automatically contracted back in.**

Do you want to contract-out? Yes  No

If **Yes**, when do you want contracting-out to start? 

0	6	0	4				
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Please note, if you want to contract out you must supply us with the Yearly Earnings in Part 1.

If a "rebate-only" arrangement is all you are applying for, please complete Parts 6, 7 and 12.

Otherwise, complete the rest of this form using the notes to help you.

**Part 5 – Contributions**

Please show the amounts before any tax relief.

The contributions shown are for retirement funding only (additional life cover is not available).

Any Waiver Benefit is extra and HM Revenue & Customs rules do not allow tax relief on the Waiver Benefit cost.

All regular contributions must be paid by Direct Debit. If you are increasing contributions and your existing contributions are not paid by Direct Debit, please complete the Direct Debit instruction at the back of this form. All existing contributions will also be collected under the Direct Debit (so you should also make sure you cancel any current Standing Order).

If you do not specify a month, indexation, if chosen, will apply on the yearly anniversary of your plan.

Please show amounts before any tax relief.

This plan must be a Prudential (SAL) stakeholder pension.

**Regular contributions**

For increases, show only the **new** contribution (not the total)

Payable by You  Your employer

When do you want to start regular contributions? 

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

The start date should be between the 1st and the 28th of any month.

How often are regular contributions to be paid? Monthly  Yearly

This must match the frequency of your existing plan if you are increasing contributions.

- ▶ Monthly contributions can be increased on the monthly anniversary.
- ▶ If you already have a Premier plan where yearly contributions apply, these contributions can be increased only on the yearly anniversary of that plan.

**Automatic increases**

**If you are a new member (and want automatic increases) you should complete the rest of this section. If you already have a Premier Stakeholder Pension the same increase rate (even if there are no automatic increases) will apply for your new contributions, so you should ignore the rest of this "Automatic Increases" section.**

Do you want contributions to increase automatically each year? Yes  No

If **Yes**, Whole number – Minimum  % p.a. or  National Average Earnings (tick) by what rate? 5%/Maximum 15%

Automatic increases will not operate in the first six months after the start of contributions in respect of this application.

In which month should automatic increases begin?

If you already have an existing plan with automatic increases, the increase month will be the same.

**Single contributions**

Payable by You  Your employer

**Increasing contributions**

Are you increasing contributions? Yes  No

If **Yes**, what is your existing plan number? 

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

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.

**Part 6 – Investment of contributions**

The default fund is the Managed Fund (PPM) with the Cautious Lifetime Investment option.

**If you do not complete this section or if you answer No to this question, we will invest your contributions in the default investment fund.**

Do you want to choose an investment strategy? Yes  No

If **No**, you should ignore the rest of this section and go to Part 7.

If **Yes**, please read the notes below before completing the rest of this section.

- *If you want the Lifetime Investment Option (see below), you can also choose the investment linked fund(s) to be used initially, or you can leave the selection to us.*
- *If you do NOT want the 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.*

*If you are using this application to apply for an increase in regular contributions your new contributions will, if allowed by Premier plan terms, be invested in the same fund(s) as currently apply to the plan you chose in Part 5, (or your most recent plan as explained in Part 5).*

Please show the percentage investment split you want for your plan. Fractions of 1% should not be used. Investment in the With-Profits Fund is not available for Premier Stakeholder Scheme.

Chosen Funds	% to be invested in each fund	
	Regular contributions	Single contributions
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
<b>Total</b>	100%	100%

Please make sure your total equals 100%.

**Lifetime Investment Options/Pension Protector**

- Lifetime Investment (Cautious)  *Please tick only one option*
- Lifetime Investment (Balanced)
- Lifetime Investment (Opportunity)
- Pension Protector

*If you have chosen one of the Lifetime Investment strategies without choosing any investment linked fund(s), we will assume that you are happy to start with the funds we choose for you.*

**Please now go to Part 7.**

## Part 7 – Death benefit beneficiaries

### Failure to complete this part may delay payment of death benefits.

Please show details of the person you would want to get death benefits from your plan.

For contracted-out protected rights, your beneficiary choice(s) will be binding on Prudential, unless legislation dictates otherwise.

Prudential has discretion on the beneficiaries for other death benefit. In exercising this discretion, Prudential is not legally obliged to follow your wishes, but will take them into account.

Title    Mr     Mrs     Miss     Ms     Dr     Other

Surname

Full forename(s)

Address

Postcode

Relationship to you (if any)

Proportion of benefits

 %

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

## Part 8 – Waiver Benefits

**If you are joining the Prudential (SAL) Stakeholder Scheme for the first time on or after 17 January 2005, you cannot apply for Waiver Benefit.**

**If you are not applying for Waiver Benefit please go straight to Part 12.**

### Regular contributions

Do you want to apply for Waiver Benefit on the contribution shown in this application?    Yes     No

*Your additional contributions will have the same Waiver Benefit as your existing plan. Provided you are under age 60 and have at least 5 years between the date of acceptance and your waiver cessation date you can apply for Waiver Benefit on your contribution increase.*

*Please now go to Part 9.*

The discretionary distribution of death benefits means that 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.

Any Waiver Benefit cost does **not** qualify for pension income tax relief at source (RAS) and is payable in addition to pension plan contributions. Waiver Benefit cannot be added after the plan has started.

The deferred period and waiver cessation date, for additional contributions will be the same as for your previous contributions.

**Part 9 – About you – complete if you are applying for Waiver Benefit**

**Failure to disclose relevant information may result in non payment of a claim and all cover under the policy being cancelled.**

**Please do not assume that we will contact or obtain a report from your doctor.**

**If Yes, please provide full details (continue on a separate sheet, if necessary).**

Your current occupation

The industry you work in

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.

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, or underwater activity?

Yes  No

Details

- ii) travel or reside abroad (apart from holiday visits)?

Yes  No

Details

- iii) fly, except as a fare-paying passenger on an established public service or take part in aviation-related sports?

Yes  No

Details

**Part 10 – Simplified acceptance for Waiver Benefit**

For this purpose, "contribution" is the yearly equivalent of current contributions to the Prudential (SAL) Personal Pension and Stakeholder Schemes on your behalf (regular and single contributions) already qualifying for Waiver Benefit under the Simplified Acceptance Scheme plus the contributions applied for in this form.

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

If we need more information from you (for example, because of your occupation), we will contact you separately.

**Failure to disclose relevant information may result in non payment of a claim and all cover under the policy being cancelled.**

**Please do not assume that we will contact or obtain a report from your doctor.**

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

The Simplified Acceptance Scheme is designed to minimise the information needed to qualify for Waiver Benefit for those who meet certain criteria.

**Please complete this section only if you applied for Waiver Benefit in Part 8 and:**

- you are under age 50 and
- the total contribution will be £3,600 or less.

**If you are 50 or over, or your contribution will be over £3,600, please go to Part 11.**

1. Have you attended, or been advised to attend, any hospital or clinic for any form of advice, operation, treatment or tests within the last 12 months, OR are you subject to regular medical review or receiving any form of medical treatment or attention? Yes  No
2. During the last three years, have you suffered from any anxiety, depression or any psychiatric disorder or any disease/disorder of the back or joints OR, have you ever suffered from any illness or injury which prevented you from working for a period of two weeks or more? Yes  No

If you answered **No** to both questions, and are under 50 with contributions of £3,600 or less, please go to Part 12.

If you answered **Yes** to either question, please go to Part 11.

**Part 11 – Your health**

*Please complete this section only if you have applied for Waiver Benefit and the earlier notes tell you that you should also complete this section.*

1. What is your height and weight? Height  Weight

*For questions 2 – 5, if you answer Yes, please give full details including dates, treatment and periods off work, continuing if necessary on a separate sheet.*

2. Are you suffering from any symptoms of illness, are you taking pills, drugs or medicine or have you any physical defect or infirmity? Yes  No

Dates and details

## Part 11 – Your health – continued

Failure to disclose relevant information may result in non payment of a claim and all cover under the policy being cancelled.

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

3. In the past five years have you

(i) consulted any doctor?

Yes  No

Dates and details

(ii) been prescribed any pills, drugs or medicine?

Yes  No

Dates and details

(iii) been off work for two weeks or more due to illness or injury?

Yes  No

Dates and details

4. Have you in the last 5 years consulted a doctor or any other medical professional, or had, or been advised to have, any operation, x-ray, check-up or any other investigation or test or are you intending to do so? (Colds and flu can be disregarded).

Yes  No

Dates and details

Part 11 – Your health – continued

Failure to disclose relevant information may result in non payment of a claim and all cover under the policy being cancelled.

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

- 5. (i) 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, in itself, have any effect on your acceptance terms for insurance. Yes  No

Dates and details

[Empty text box for details]

- (ii) 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

Dates and details

[Empty text box for details]

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

Dates and details

[Empty text box for details]

## Part 12 – Investor's declaration

**As HM Revenue & Customs 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) Stakeholder Scheme. I agree to be bound by its rules. Please treat this form as several applications, each in respect of an Arrangement under the scheme.  
  
All members: I agree that the Scheme Administrator should decide on the number of Arrangements.
2. I declare that:
  - 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, the answers to any additional questions put to me by Prudential's Medical Examiner, together with Prudential's Acceptance, shall form part of any relevant contracts;
  - 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;
  - if I cease to be a UK resident, for tax purposes or cease to be eligible for tax relief on any contributions 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 employer intends to continue to pay the employer contributions (if any) but may stop them at any time and, if this happens, I will be told;
  - my regular contributions, 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 contributions (if any) and I authorise such deductions 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 consent to:
  - (where my employer is arranging for contribution payments to my plan) Prudential giving my employer information about my plan;
  - 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.

### 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.

You are entitled to ask for a copy of our standard terms and conditions and a copy of your application form at any time.

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.

**Part 12 – Investor’s declaration – continued**

**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, customer services, marketing and profiling your purchasing preferences. We will pass your information to them (including our service providers and agents) for these purposes.

We may search the files of credit reference agencies who will record any searches on your file. This is to help us 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 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 signing and returning 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 up to date with information on our products and services. To do this, we would like to contact you by telephone, post, e-mail 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).

Signature

X

Date

D	D	M	M	Y	Y	Y	Y
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**Prudential as administrator agrees to administer The Prudential (SAL) Stakeholder Scheme as required by the rules of the scheme.**

**Part 13 – Declaration by the employer**

**To be completed only if the employer is contributing to the plan or paying contributions on behalf of the investor.**

We agree to pay contributions in accordance with this application.

Signed for and on behalf of the employer

X

Date

D	D	M	M	Y	Y	Y	Y
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## Notes for completing Direct Debiting Instruction below

If your employer is to contribute or pay contributions on your behalf, a Direct Debit Instruction should be completed by your employer and drawn on the employer's account for each employee.

If this plan is for contracting-out only, or if there is an existing Direct Debit in force, the Direct Debit Instruction should not be completed. Increases in contributions must be payable under the existing Direct Debit Instructions.

### Instruction to your Bank to pay Direct Debits

Please complete Parts 1 to 4 to instruct your Bank to make payments directly from your account.

1. Name of account holder (BLOCK CAPITALS PLEASE)

2. Bank Sorting Code  Bank Account Number

3. Name and address of bank (BLOCK CAPITALS PLEASE)



**Prudential**  
Stirling FK9 4UE

Originator's Reference  
(Prudential use only)

Originator's Identification Number

4. Your instructions to the Bank

- I instruct you to pay Direct Debits from my account at the request of Prudential.
- The amounts are variable and may be debited on various dates.
- I understand that Prudential may change the amounts and dates only after giving me prior notice.
- I will inform the Bank in writing if I wish to cancel this Instruction.
- I understand that if any Direct Debit is paid which breaks the terms of the Instruction, the Bank will make a refund.

Signature(s)

Date

Banks may decline to accept instructions to pay Direct Debits from some types of accounts.

## The Direct Debit guarantee



- › This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society.
- › If the amounts to be paid or the payment dates change, Prudential will notify you at least 5 working days in advance of your account being debited or as otherwise agreed.
- › If an error is made by us or your Bank/Building Society, you are guaranteed full and immediate refund from your branch of the amount paid.
- › You can cancel a Direct Debit at any time, by writing to your Bank or Building Society. Please also send a copy of your letter to us.

**For completion by Financial Adviser – essential information – all sections must be completed**

**1. Your FSA Number** (Registered Individuals) R.I. Number         or

Registered individual's forename(s) e.g. A B C 1 2 3 4 5

and

Registered individual's surname

**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.

Was advice given? Yes  No

**2. Your agency details**

Your Prudential (SAL) agency number

e.g. 1 2 3 4 5 6 X

or

Agency name & address stamp

**3. Your Customer Reference Number** (if any)

                    

**4. Commission instructions**

You should ignore this section if the investor already has a regular contribution Premier plan – as your existing commission instructions will apply. Please, however, complete the commission details if this is the first Premier application OR you want to give new instructions for any single contribution in this application. Notes on completing commission instructions:

- Tick only one box in each section to confirm your commission basis.
- The commission rate should be a flat percentage representing the amount to be taken (and which then impacts on the charging structure).
- Fund Related Commission applies for pension contributions and no commission will be paid on risk benefit premium.
- Complete only one option for each contribution type applied for in this application.

Example:

Level	<input checked="" type="checkbox"/>	<input type="text" value="2"/> %	
	Regular Contributions	% to be taken	
a) Fund related	<input type="checkbox"/>	<input type="text"/> %	
b) Level (Non-indemnified)	<input type="checkbox"/>	<input type="text"/> %	
		Level	Fund related
c) Mixed level/fund related	<input type="checkbox"/>	<input type="text"/> %	<input type="text"/> %
d) Nil commission	<input type="checkbox"/>		

**For completion by Financial Adviser – essential information – all sections must be completed – continued**

**4. Commission instructions – continued**

Please complete only one of the options below.

	Single Contributions Flat percentage <b>not lauro</b>	% to be taken	
a) Initial	<input type="checkbox"/>	<input type="text"/>	%
b) Fund related	<input type="checkbox"/>	<input type="text"/>	%
		Initial	Fund related
c) Mixed initial/Fund related	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> %
d) Nil commission	<input type="checkbox"/>		

**5. Routing instructions**

*You should ignore this section if the investor already has a Premier plan – as your previous routing instructions will be followed.*

Certificate of Membership to:

Investor

You

Special destination\*

Copy certificate to:

Investor

You

Special destination\*

\* Special destination – Name

Address

Postcode

**Use of this address must have been authorised by the investor, to maintain client confidentiality.**

Signature

Position in firm

Name in block capitals

Date

**For Prudential use only**

Cheque Acknowledgement Number         Cheque amount  £

Date stamp

Advice given

PFR	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	CCC	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	SCC	<input type="checkbox"/>
EO	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	EC	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	AM	<input style="width: 150px;" type="text"/>
M	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	AC	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	AOI	<input style="width: 350px;" type="text"/>

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