



# New Member application form

BN1

## About this form

Thank you for choosing to join your employer's Prudential Group Personal Pension Scheme.

This form can be used to join a Group Personal Pension. Please make sure you have the correct form.

### 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. It is a serious offence to give false information and to do so could lead to prosecution.
- Please read the Key Features Document as this will provide you with important information in relation to the key risks and benefits of your scheme. Please also read the Guide to Fund Options that will provide you with details of the funds, risks and the charges before you make any decisions.
- 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 & Customs rules – so must be correctly and fully completed.

## Section A – Your details

Title Mr  Mrs  Miss  Ms  Dr  Other

Surname

Full forenames

Date of birth

D	D	M	M	Y	Y	Y	Y
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Sex

Male

Female

Permanent residential address (include postcode)

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

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 you need more space to give details on any of the questions, please continue on a separate sheet, cross-referring to the section.

As you complete the form, please read the notes which are there to help you.

If "Other", please state title.

**Section A – Your details continued**

Please include area code.

\*The Default Retirement Age for the Scheme will apply unless you tell us that you want a different age to apply. The minimum retirement age is 55.

Your earnings will allow us to give you more meaningful 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.

Daytime telephone number

Selected Retirement Age\*

National Insurance number

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Are you a Prudential policyholder? Yes  No

Yearly earnings

£

**Section B – Your employment**

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 to which you work.

What is your occupation?

Name of Scheme

Group Personal Pension

Scheme no. (if known)

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## Section C – Eligibility details – all applicants

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

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- 

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 have answered No to both of the above questions you may not be eligible to make contributions and get tax relief. You should check this with your scheme adviser.**

**Section D – Contributions**

Check this with the person who gave you this form. If the scheme is not split into sections please leave blank.

What is your Section Number for membership of the scheme?

Scale contributions may have already been agreed as part of the Scheme Terms.

Do you want your contributions based on:

Please tick a box.

- 1. Scheme Terms  Please go to part (b) below if contributions are a percentage of earnings. Otherwise go to part (c) then (d).
- 2. Scheme Terms plus additional contributions  Please go to part (a) below.
- 3. Individual choice  Please go to part (a) below.

You should not tick this box unless your employer has already agreed to this.

Your regular contributions and any employer contributions must both be a percentage or both be a fixed amount.

**(a) Regular Contributions**

Please show the total contributions amounts before any tax relief

Payable by You:  % **or** £  per month  
 Your employer:  % **or** £  per month

**Please go to part (b) below, if contributions are a percentage of earnings. Otherwise go to part (c) then (d).**

**(b) Scheme Earnings** (if contributions are a percentage of Scheme Earnings)

Please show your Scheme Earnings

**(c) Single Contributions**

Please show amounts before any tax relief

Payable by You:

Your employer:

**(d) Start Date**

When do you want to start regular contributions?

Please check this with your employer.

**Members who joined before 6 April 2001:** the contribution shown will include any Waiver Benefit and Life Cover costs paid by your employer in terms of this application.

**New members who joined after 5 April 2001:** the contribution shown is for retirement funding and any Life Cover paid for by your employer. Any Waiver Benefit is extra and HM Revenue & Customs rules do not allow tax relief on the Waiver Benefit cost.

**Section E – Investment of contributions**

*If you do not complete this section we will invest your contributions in the default investment fund.*

*Please refer to the Guide to Fund Options for more information on the funds, the associated risks and the charges.*

Do you want the Scheme Investment Strategy to apply? Yes  No

If Yes, please now complete section G.

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 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.

Please show the percentage investment split you want for your plan if you do not want the Scheme Investment Strategy.

Fractions of 1% should not be used.

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

Please make sure your total equals 100%.

Please tick only one option.

These options do not apply to With-Profits investments.

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

**Lifetime Investment Options/Pension Protector**

- Lifetime Investment (Cautious)
- Lifetime Investment (Balanced)
- Lifetime Investment (Opportunity)
- Pension Protector

If you want to choose the initial funds under the Lifetime Investment Options, please complete the table above. If you do not choose 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 section G.**

**Section F – Life Cover**

The cost of any Life Cover is met from the retirement contribution shown in section E which must be paid by your employer.

Show a multiple of Scheme Earnings if contributions are a percentage of earnings. Otherwise show the amount of cover required.

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%.

Do you want to apply for Life Cover? Yes  No

If No, go to section H.

If Yes, please complete the rest of this section before moving to section H

Amount of Life Cover where

cost paid for by you:  times Scheme Earnings **or**

cost paid for by your employer:  times Scheme Earnings **or**

**Section G – 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.

Prudential has discretion on the beneficiaries for other death benefits unless you want the option for Life Cover – see below. 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 forenames

Address

Relationship to you (if any)

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

**Option if your employer has agreed to provide additional Life Cover:**

You can choose to have payment made to your Executors/Administrators (your Estate) or Assignees. If you do not choose this, the Life Cover will be payable as described above.

Do you want the proceeds to be subject to a separate personal trust paid to your Executors, Administrators or Assignees? Yes  No

**Section H –Waiver Benefit**

**If you are joining the Prudential (SAL)/Prudential (M&G) Scheme for the first time on or after 17 January 2005, you cannot apply for Waiver Benefit. If you first joined the Prudential (SAL)/ Prudential (M&G) Scheme after 5 April 2001, Waiver Benefit cannot be added after the start date of the plan.**

**Regular contributions:**

I want to apply for Scheme Waiver Strategy\*

I want to apply for Waiver Benefit

I **do not** want to apply for any Waiver Benefit#

Please tick only one option.

**Single contributions:**

I want to apply for Scheme Waiver Strategy\*

I want to apply for Waiver Benefit

I **do not** want to apply for any Waiver Benefit#

Please tick only one option.

\* If you are applying for Scheme Waiver Strategy, please ignore the rest of this section and now go straight to section J.

# If you do not want to apply for any Waiver Benefit, please ignore the rest of this section and go straight to the Declaration – section M unless you applied for Life Cover in which case please go to section J.

**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 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

These options are not available if you are over age 60 (except for earnings related increases if waiver applied to your plan before age 60).

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

If you already had a Scottish Amicable/ 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 personal pension plan on or after 6 April 2001 any Waiver Benefit cost does NOT qualify for pensions income tax relief (RAS) AND is payable in addition to pension plan contributions.

There must be at least five 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.

**Section I – Health details – complete if you are applying for Life Cover and/or Waiver Benefit**

**Failure to disclose relevant information may result in non payment of a claim. Please do not assume that we will contact or obtain a report from your Doctor.**

**Important note**

➤ 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, 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. If someone else fills this form in 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 in 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 Details 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 pension starting to any of the information given in sections J, K & L or if you change your occupation.

Name of your doctor

Your doctor's address

Postcode

Your doctor's telephone number

How long has he/she been your doctor?

 years

Please include area code.

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

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

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 give details

**Please now complete section K below if you have applied for Waiver Benefit. Otherwise go to section L.**

## Section J – Simplified acceptance for Waiver Benefit

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 section I and

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

If you are age 50 or over, or your contribution will be over £3,600, please go to section L.

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**, 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 age 50 with contributions of £3,600 or less, please go to section M.

If you answered Yes to either question, or if you applied for Life Cover, please go to section L.

**Failure to disclose relevant information may result in non payment of a claim. Please do not assume that we will contact or obtain a report from your Doctor.**

For this purpose, "contribution" is the yearly equivalent of current contributions to the Prudential (SAL) Stakeholder and Personal Pension 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.

**Section K – 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 OR you want to have Life Cover/Waiver Benefit greater than any automatic cover provisions for the Scheme.

**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 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 £500,000 for life insurance 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 receiving treatment or experiencing symptoms of a genetic condition, you must tell us.
- If you wish to disclose to us a negative genetic test result, which shows that you have not inherited a genetic disorder, we will take this into account in setting your premium, providing your clinical geneticist confirms that the test result indicates a reduced risk of developing the inherited disease.
- Further information is available on request which fully explains this policy and details those genetic tests approved for use by insurers.

1. 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

2. What is your height and weight? Height  Weight

3. 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

4. If you have smoked cigarettes, how many do you smoke per day?

5. What is your average weekly consumption of alcohol in units? (1 unit = 1 single pub measure spirits/small (125ml) glass of wine or 1/2 pint standard strength beer, lager or cider)

**For questions 6 – 10, if you answer Yes, please give full details including dates, treatment and periods off work, continuing if necessary on a separate sheet.**

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

Dates and details

7. In the past five years have you

- (i) consulted any doctor?
- (ii) been prescribed any pills, drugs or medicine?
- (iii) been off work for two weeks or more due to illness or injury? Yes  No

Dates and details

Failure to disclose relevant information may result in non payment of a claim. Please do not assume that we will contact or obtain a report from your Doctor.

Please tick only one box.

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

**Section K – Your health – continued**

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

8. 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

9. (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
- (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
- (iii) 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.

10. Has your father, mother, or any brothers or sisters suffered or died, prior to the age of 65, from any heart disease or disorder, high blood pressure, stroke, diabetes, cancer, kidney disease, multiple sclerosis, haemochromatosis, motor neurone disease, Huntington's disease, muscular dystrophy or any other 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			

## Section L – Declaration

Please read this section carefully before you sign and date this form.

**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.**

1. **New members only:** I apply for membership to the Prudential (SAL)/Prudential (M&G) Personal Pension Schemes. I agree to be bound by its Rules. Please treat this form as several Applications 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) are subject to HM Revenue & Customs limits and cannot 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

- 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/ firm's contributions (if any) and I authorise such deductions from my earnings.
- if my employer is contributing to the plan, my employer intends to continue to contribute but may stop at any time and, if this happens, I will be told.
- 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 agreed by my employer as the adviser dealing with the Group Personal Pension Scheme and

confirmed in writing to Prudential) provided that Prudential agree the proposed change(s) and that they are allowed in terms of the Rules.

- Prudential may alter the terms of my plan if I apply to continue the plan having left the Group Personal Pension Scheme.
- tax rules may change in the future and are liable to change without notice. The impact of taxation (and any tax reliefs) depends on individual circumstances.

4. I consent to

- Prudential giving my employer/firm 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.
- 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, 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 also need to disclose your information to the Trustees, sponsoring employer and their scheme advisors for these purposes.

We may search the files of credit reference agencies that 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 completing and submitting this form, you consent to us processing your sensitive data and to the processing mentioned above.

## Section L – Declaration – 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.

### 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).

### 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, from our head office.

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

#### Your Statutory Rights Under The Access To Medical Reports Act, 1988 and The Access To Personal Files and Medical Reports (NI) Order 1991

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;

## Section L – Declaration – continued

- 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:

Chief Medical Officer, Prudential, Stirling, FK9 4UE

I do **not** want to see the report before it is sent to the company.

I **do** want to see the report before it is sent to the company.

### Declaration

- I understand that this Application is subject to written acceptance by Prudential.
- 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.

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

**Prudential as administrator agrees to administer the prudential (SAL)/(M&G) personal pension schemes as required by the rules of the scheme.**

**If this application has been pre-filled for you, you should read all the statements and answers carefully (to recheck your understanding and the accuracy) before signing the form.**

**If I have applied for Waiver Benefit and/or Life Cover, I have read the declaration, important notes and information relating to my rights under the Access to Medical Reports Act.**

Signature of applicant

X

Date

D	D	M	M	Y	Y	Y	Y
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[www.pru.co.uk](http://www.pru.co.uk)

'Prudential' is a trading name of The Prudential Assurance Company Limited, which is registered in England and Wales. This name is also used by other companies within the Prudential Group, which between them provide a range of financial products including life assurance, pensions, savings and investment products. Registered Office at Laurence Pountney Hill, London EC4R 0HH. Registered number 15454. Authorised and regulated by the Financial Services Authority.

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