



## New member's schedule

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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

Please help us by filling in this 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 a fact would be important to us, please provide full details.

This form is not suitable for contract features noted below. Please contact us if any of these are required.

- A) Level contributions.
- B) Different frequency of contributions from that below.
- C) Investment details differ from Scheme Investment Strategy.

### Scheme name

Principal employer

Employer by whom members are paid (*if different*)

Scheme number (*if known*)

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Date of entry to scheme for the members specified overleaf

D	D	M	M	Y	Y	Y	Y
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Frequency of contributions specified overleaf

Monthly

Yearly

### Notes

- Age admission, column 7**  
Insert "Y" if you have verified the member's date of birth.
- Please complete "NIL" for any of these options not required (columns 11 – 14).
- If the single contribution is a transfer value, you must not complete column 15, but use Form Y736. A cheque is required for any single contribution.
- Absent from work, column 17**  
Insert "Y" for any member who is to be provided with death benefit and has been absent from work due to illness or injury in the last two months and complete the section on the back of this form.
- Employers must have the written agreement of the member to deduct any contributions from the member's earnings. Forms are available from Prudential for this purpose, if required.

Please give full details of any restrictions to the benefits, for any of the individuals shown on the schedule, as a result of a Court Order/Agreement, following a divorce.





Please complete details in the section below for any member who is to be provided with death benefit and who has been absent from work due to illness or injury in the last two months.

The undernoted members have been absent from work for the period shown and for the reasons given:

Name	Period of absence		Reason for absence
	From	To	

### Trustees' Declaration

1. We agree that the members named in this application should be admitted as members of the scheme.
2. We declare that to the best of our knowledge and belief the information given in this application is true and complete and shall, along with Prudential's Acceptance, form part of any resultant contract.
3. We agree that all contributions in terms of this application should be invested in accordance with the Scheme Investment Strategy.
4. We agree that contributions and death benefit, if requested, shall be provided by the method chosen on the Employer's Application.

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

Signed for and on behalf of the Trustees

Date

D	D	M	M	Y	Y	Y	Y
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### For Prudential use only

Cheque acknowledgement number

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Cheque amount

£
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Date stamp

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