



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.

About this form

If at any time you need to ask us a question when filling in your application please call us on **0800 316 8877** between 9am and 6pm, Monday to Friday.

Calls may be monitored or recorded for quality and security purposes.

Please read the key features document as this will provide you with important information regarding the key risks and benefits of the product(s) to help you make a decision.

Please also read the guide to fund options as this will provide you with full details of the funds available, their objectives, Prudential's Risk rating of these funds and charges to help you select the funds suitable for your needs.

Remember to complete the Direct Debit form in order to set up monthly payments from your Bank or Building Society Account, if required.

Please return all 12 pages of this form in the enclosed reply paid envelope to:
FREEPOST, Prudential, Stirling FK9 4UE

Part 1 – About you

Your Prudential Personal Pension Scheme number

Title Mr Mrs Miss Ms Dr Other

Surname

Forename(s)

Permanent/residential address

Postcode

Please make sure you include your postcode, as we are unable to process this application without it.

Date of birth

D	D	M	M	Y	Y	Y	Y
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Home telephone number

Best time to call

	am		pm
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Work telephone number

E-mail address

Part 3 – How much do you want to pay in?

Regular payments by you

If you have an existing Pension Plan where contributions have been stopped, if the terms of the contract allow, these contributions will be restarted. If these contributions cannot be restarted, then, along with any additional contributions up to the amount shown here, they will be started as a top up to your existing plan.

How much in total do you want to pay?#

£ net*

Date from which payments are to be (re)started

0 1 M M 2 0 Y Y

Would you like your total monthly payment to increase automatically by 5% each year? Yes No

Please note: If your payments do not already increase automatically each year then by ticking **Yes**, the automatic increase will be applied to the whole amount that you pay into the plan, not just this increase. Similarly if your payments already increase automatically each year, and you tick **No**, then this option will be removed from the **total** amount of payments, not just the increase.

We will start these payments at the next available date.

Lump sum payments by you

If you have outstanding payments, do you wish to pay all or some of those outstanding payments

Yes No

If yes, how?

How much is the lump sum payment that you want to make?*

£ net*

Do you wish to make any additional lump sum payment?

Yes No

Please make the cheques payable to "Prudential Assurance Co Ltd".

Bank/Building Society "Counter" Cheque/Money orders: the Bank/Building Society should include reference to the name of the account from which the funds have been withdrawn when completing the name of the payee on the cheque/money order. For example, "pay ... Prudential Assurance Company Ltd – Re: Your name".

If your direct debit mandate has been cancelled, please complete the mandate on the last page of this application.*

Your existing method of payment will apply to this increase.

* Prudential will claim basic rate tax relief from HM Revenue and Customs for you and add this to the amount you want to pay. For example, if you want to pay £80, Prudential will claim £20 from the Revenue (assuming a basic rate tax of 20%) making your total investment of £100. Remember the pension you receive at retirement will be taxed as earned income.

In the event of a tax rate change, the amount you pay will alter and the gross investment will stay the same.

If you are a higher rate taxpayer, under current rules, any higher rate tax relief can be claimed through your tax assessment.

This is based on our understanding, as at February 2012, of current tax legislation and HM Revenue & Customs practice, both of which may change without notice. The impact of taxation (and any tax relief) depends on individual circumstances.

Would your employer like to make, increase, or restart payments into this pension? Yes No

If you answered **Yes**, please contact customer services on 0800 316 8877 for an employer application. Calls may be monitored or recorded for quality and security purposes.

** If the arrears you pay do not equal an exact number of payments the difference will be returned to you.

Your 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), or

(ii) £3,600, if my Relevant Earnings do not exceed £3,600.

Part 4 – Where do you want your money to be invested?

Please tell us where you would like your payments to be invested. If you do not tell us we will invest your payments in the Prudential With-Profits Pension Fund if you have more than five years until your selected retirement date, or in the Prudential Cash Pension Fund if you have less than five years remaining.

If there are less than five years to your selected retirement date we will invest your payment in the Prudential With-Profits Pension Fund if you already have payments invested in this fund with the same retirement date.

If you wish further information on funds please refer to "A Guide to Fund Options" document.

Chosen Funds	Regular Contributions	Single Contribution
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
Total	100%	100%

Does this fund choice relate to

- A Top-up only
- B All future contributions
- C Your total investment

If you do not tell us, then this will only apply to the top-up amount or future contributions.

Alternatively, if you have chosen to invest in Unit-Linked Funds, you can choose one of our Lifestyle Options. This means that we will automatically switch your investments into more secure funds as you approach your Selected Retirement Date.

Please choose which Lifestyle profile you would like.

- Lifestyle Option 1
- Lifestyle Option 2
- Lifestyle Option 3

Selecting your retirement date for your top up contributions*

Normally, you can start receiving your pension benefits at any age between ages 55 and 75.

When you first joined the plan, you chose the year in which you would like to retire and start receiving your pension benefits. However, you may not want the same retirement year to apply to your increased payments. If you would like to choose a different retirement year for the increased payments, then please advise us of this by filling in the boxes below.

If you don't want to change your retirement year then please leave the following blank.

Retirement year for my increased payments (if different)

D	D	M	M	Y	Y	Y	Y
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This should be at least five years from this year for regular payments and one year for lump sum payments.

* If you are restarting contributions, your selected retirement date will remain as it was originally chosen.

Part 5 – Protecting your pension payments

If you joined the plan before 6 April 2001 and are aged under 59 at the date of this application, you can choose to protect your pension payments in case you have an accident or become too sick to work.

Only complete this section if:

You already have payment protection and would like to continue with this option for your increased monthly pension payments or you would like to add payment protection to all your monthly pension payment.

Would you like to include payment protection on your monthly pension payments? Yes No

Please note: If your payments are currently protected and you do not tick the **Yes** box, payment protection will be removed from all your payments.

Your occupation

1. What is your Occupation?

Business/Industry

Self-employed Yes No

2. Does your occupation involve any form of manual or physical activity (including, but not limited to, lifting and carrying or the need to work on your feet for long periods)? Yes No

If yes, please detail the main manual or physical tasks you do, starting with the task you do the most and specify the percentage of your day doing this task.

Task	% of day
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

3. Does your occupation involve any work at heights at over 40 feet, underground or underwater, or driving more than 18,000 miles per annum? Yes No

If yes, please give full details i.e. maximum height/depth at which you work, whether explosives are used, annual mileage etc.

4. Does your occupation involve working with any form of machinery or tools? Yes No

If yes, please give full details i.e. type of machinery/tools and percentage of day spent using machinery/tools.

Failure to disclose relevant information may result in non-payment of a claim (see page six).

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Health questions

Important Information For investors

Please help us by filling in these health questions 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 health questions in private and send them 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 re-starting to any of the information given in the answers to these questions.

1. What is your height? ft in What is your weight? st lbs

2. 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 medial review or receiving any medical treatment or attention? (Colds, influenza, minor injury and routine pregnancy consultations may be excluded.) Yes No

If yes, please provide details in the box below

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

If yes, please provide details in the box below

If you answered yes to question 2 or 3 then please give us full details of your condition here. Please tell us the name of your condition, the frequency and type of symptoms you have or have had, please also tell us what treatment you've received and what investigations you've had and any time off work as a result of your condition. Please continue on a separate sheet if necessary.

Part 5 – Protecting your pension payments – continued

Failure to disclose relevant information may result in non-payment of a claim (see page six).

4. a) 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
- b) 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 transfusion or surgery undertaken outside the EU.) Yes No
- c) Within the last five years have you tested positive or been treated for any disease, which was transmitted sexually? Yes No

If you answered Yes to 4 a, b or c please give full details, including nature and date of test, reason for exposure, country involved (if applicable) and/or nature of sexually transmitted disease.

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

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

6. Please tell us the name and address of your doctor

Doctor's name

Permanent/residential address

Postcode

Doctor's telephone number (including STD code)

How long has he/she been your doctor yrs

Part 6 – Declaration

For your own benefit and protection, you need to read carefully the documentation provided before signing this form. You also need to read carefully any further documentation provided to you in the future. If there is anything you do not understand, please ask us for further information.

This application will be used as an application for tax relief on your payments and some of the information is required for income tax purposes. If you give false information HM Revenue & Customs may prosecute you. Please note that the payment forms part of the application. An incorrectly completed payment instruction may require us to return your application, which could have an adverse affect on the initial purchase price of your investment and/or reject your application.

I apply to top up my Prudential Personal Pension Scheme and/or I apply to restart my pension payments within my Prudential Personal Pension Plan (the plan) and declare that:

- I am a resident, or usually a resident in the United Kingdom, or I am a Crown Servant or the spouse or civil partner, of a Crown Servant.
- I agree to be bound by the plan's terms and conditions (as amended from time to time by Prudential).
- I acknowledge that the plan is a UK registered pension scheme.
- I agree in accordance with the Social Security (Disclosure of State Pension Information) Regulations 2000 to the Department for Work and Pensions (formerly the DSS) disclosing my state pension details to Prudential or its appointed agents.
- I acknowledge that the plan and its arrangements are subject to the continued approval of the Board of HM Revenue & Customs.

I understand and agree that:

- This application for membership and each benefit proposed, including restart contributions, are subject to acceptance in writing by Prudential.
- Plan benefits are subject to the requirements of the law. Plan benefits cannot be assigned or surrendered and do not have any value for the purpose of a loan.
- The earliest date that any payments from whatever source will be applied to secure Pension Benefit is the date of receipt of such payments at Prudential.

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, 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), or
 - (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.

The amount of tax relief you will receive is subject to HMRC limits.

A copy of plan terms and conditions and completed application form are available on request.

Section 6 – Declaration – Please read and sign this – 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, 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).

Signature

Date

D	D	M	M	Y	Y	Y	Y
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If you have a financial adviser, please ask them to complete the section below.

Section 7 – To be completed by your adviser

Firm name

RI name

Adviser signature

Date

D	D	M	M	Y	Y	Y	Y
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Please fill in the whole form

1. Name and full postal address of your Bank or Building Society branch

To: The Manager
Address
Postcode

2. Name(s) of account holder(s)

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3. Branch sort code (from the top right hand corner of your cheque)

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Service User Number (Official Use Only)

9	4	0	3	3	7
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4. Bank or Building Society account number

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5. Prudential's reference number

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6. Instructions to your Bank or Building Society. Please pay Prudential Direct Debits from the account detailed on this Instruction, subject to the safeguards assured by The Direct Debit Guarantee.

I understand that this Instruction may remain with the Service User mentioned above and if so, details will be passed electronically to my Bank or Building Society.

Signature(s)	Date

Signature(s)	Date

The Direct Debit Guarantee



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.

PENF0065 03/2012

This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.

If there are any changes to the amount, date or frequency of your Direct Debit, Prudential will notify you at least 5 working days in advance of your account being debited or as otherwise agreed. If you request Prudential to collect a payment, confirmation of the amount and date will be given to you at the time of the request.

If an error is made in the payment of your Direct Debit by Prudential or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.

If you receive a refund you are not entitled to, you must pay it back when Prudential asks you to.

You can cancel a Direct Debit at any time by simply contacting your bank or building society.
Written confirmation may be required. Please also notify us.