



# Application form

Please use black ink and write in CAPITAL LETTERS or tick  as appropriate. Any corrections must be initialled by the applicant. Please do not use correction fluid as your application will be returned.

## About this form

Please return this application form in the enclosed envelope to: **Freepost**, Prudential, Stirling FK9 4UE

If you require your plan to be taken out on the life of someone else please complete Section 8E. If the investment is to be made by the trustees of an existing trust, or a new Prudential Loan Trust, please complete Section 8F.

**For online applications**, please ensure that you complete the Online Submission Declaration at the back of this form and return it to the above address.

### Notes to help you

- If you have any questions when completing this application please speak to your Financial Adviser.
- For more information please see the Key Features document you received with this application form.
- The minimum age of each person to be covered is 3 months and for a single life they must be aged under 80.
- If a plan is to be on two lives, one person must be aged under 80.
- Please note that when a plan is jointly owned and one owner dies, ownership of the whole plan automatically passes to the surviving owner.
- When joint applicants do not have the same address all future correspondence will be sent to the address of the first named applicant.

### Completing the application form

- Section 1 should be completed by the person(s) to be covered and on whose life/lives the plan depends. (The plan will become a claim on their death.)
- Section 2 and the rest of the form should be completed by the applicant(s), who will become the policy owner(s) and must be aged at least 18.

### Adviser notes

Please ensure you complete the Adviser checklist on page 14.

## Section 1 – Personal details of the person(s) to be covered

### Part A – First (or only) person to be covered

Title Mr  Mrs  Miss  Ms  Dr  Other

Surname

Full forename(s)

Address

Postcode



## Section 3 – Where you wish to invest your money

### 3.1 My Fund choice

Please make your fund selections below.

Minimum investment in each fund is £500. You can invest in up to 10 funds at any time. If you choose any of the Distribution Income Funds, or any PruFund Fund, then each fund choice will count as 2 fund choices as the Prudential Distribution Cash Fund or relevant PruFund Holding Account will be automatically added to your selection. You cannot invest directly into the Prudential Distribution Cash Fund or the PruFund Holding Accounts. Only one PruFund Protected Fund is allowed per plan. For more information on the funds available refer to the fund guide (INVB10493) which is available from your Financial Adviser or visit [www.pru.co.uk](http://www.pru.co.uk)

#### Fund names

<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<b>Total</b>	<b>100%</b>

### 3.2

Are you choosing a PruFund Protected Fund in My Fund Choice in section 3.1 above?

Yes  No  if no go to Section 4 on page 4

### 3.3 Choose your guarantee term

Please select your guarantee term from the options available  years

For full details of the guarantee terms available and the associated charges, please refer to the document "PruFund Range of Funds: Guarantee Options" – INVS11470. You can get a copy of this from your Financial Adviser.

**Now go to Section 4 Taking a regular withdrawal**

Please complete the percentage to be invested in each fund and ensure that the total adds up to 100%.

The guarantee will only apply on the plan anniversary of the selected term.

## Section 4 – Taking a regular withdrawal

Only complete this section if you wish to take a regular withdrawal. If you **do not** wish to take regular withdrawals go to Section 5. Any withdrawal taken will reduce the value of your plan. If withdrawals are more than any overall growth achieved the value of your Prudential Investment Plan will reduce below the level of original capital invested.

### Part A – The amount

**Note:** Payments will be made direct to your bank or building society. Please make sure that your account is able to receive direct credit payments.

The following withdrawal limits apply:

- ▶ Minimum payment is £50 (except under the Regular Bonus as Income or Natural Income options).
- ▶ When regular withdrawals start or change, the amount requested during any 12 month period cannot exceed the greater of 5% of the full value of your plan or 5% of the total amount you paid in, except where you opt to receive Natural Income on your Distribution Income Funds or Regular Bonus as Income on the With-Profits Funds. Withdrawals of more than 5% from the With-Profits Funds may be liable to a Market Value Reduction.
- ▶ Withdrawals are taken equally from all the policies in the plan. Withdrawals will be taken from your funds proportionally unless you provide alternative instructions by completing Part C.
- ▶ If you take a regular withdrawal from a PruFund Protected Fund, the amount guaranteed will be proportionally adjusted for any withdrawals you have made.
- ▶ If your investment is in both With-Profits (Optimum Bonus) and With-Profits (Optimum Return) Fund options, the Regular Bonus as Income option will be taken from both Funds unless you specify otherwise in Part C.

I/We wish to receive  each year

or % of my/our initial investment each year

or % of the value of my/our plan each year

please tick box

or The Regular Bonus as Income Option (With-Profits only\*)

or Natural Income (Distribution Income Funds only)

or Natural Income capped at 5% of total investment\*\* (Distribution Income Funds only)

## Section 4 – Taking a regular withdrawal – continued

### Part B – Frequency of payments

Every month       Every 3 months       Every 4 months\*\*\*   
Every 6 months       Every 12 months\*\*\*

Date you wish to start taking regular withdrawals (this must be at least 30 days after the start of your plan and after the next distribution date.)\*

D	D	M	M	Y	Y	Y	Y
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\* The earliest payment under the With-Profits Regular Bonus as Income option will be the first scheduled payment date based on the frequency selected in Part B, e.g. if payments are required every three months, the earliest payment will be three months from acceptance of this application.

\*\* Total investment is the total amount of capital that you have invested, not the value of your plan.

\*\*\* Not available to Distribution Income Funds investors taking Natural Income.

### Part C – Only complete if you wish to specify from which funds the regular withdrawals are taken

Fund name

1.

2.

3.

4.

### Part D – Bank/Building society details

Name of your bank or building society

Address

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

Postcode

Sort code

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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Account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Roll number (if applicable)

Account name

Regular withdrawal payments will usually reach your account within five working days of the date you have chosen.

Regular withdrawal amounts will be deducted proportionally from all your chosen funds unless otherwise specified. If you wish the amount to be taken from selected funds please specify the name of the fund(s). For investors in the Distribution Income Funds taking Natural Income, this option is not available.

## Section 5 – Optional features

You can choose either the Programmed Switching facility or the Automatic Rebalancing facility but not both.

### Part A – Programmed Switching facility

Note: You should only complete this section if you require Programmed Switching. Minimum investment in the nominated fund is £10,000.

I/We wish to apply Programmed Switching to the investment Yes

Insert percentage or fraction of units to be switched each month from the "nominated fund" or enter cash amount to be switched.

% or 1/  of the original units allocated should be switched each month over  months

Fixed cash sum of £  should be switched each month over  months

The Programmed Switching facility must operate for between 3 and 24 months from the start of the plan.

The "nominated fund" is CASH. If you wish to choose a different "nominated fund" state the required fund in the box below. (Note: You cannot choose Distribution Cash Fund, Property Funds, PruFund Funds, With-Profits (Optimum Bonus) or With-Profits (Optimum Return) Funds.)

**Name of fund to receive the switched amount. (Programmed Switching into PruFund Funds is not permitted.)**

	Percentage
1. <input type="text"/>	<input type="text"/> %
2. <input type="text"/>	<input type="text"/> %
3. <input type="text"/>	<input type="text"/> %
4. <input type="text"/>	<input type="text"/> %
Total	100%

### Part B – Automatic Rebalancing facility

Note: Complete this section if you wish to automatically rebalance your investment.

Automatic Rebalancing is only available on unit-linked funds (excludes Distribution Cash Fund, PruFund Funds, With-Profits (Optimum Bonus) and With-Profits (Optimum Return) Funds).

I/We wish to automatically rebalance the investment to the original investment allocations at the end of each plan year. Yes

## Section 6 – Return of Premium Death Benefit

Tick here if you wish to select the Return of Premium Death Benefit option. Please see the Key Features document for full details. Yes

## Section 7 – Details of the applicant

In the revised Joint Money Laundering Steering Group guidance, this product has been categorised as "increased risk". We are therefore required to gather additional information about the customer. Please answer all the questions below. Where there are joint applicants, please give details of both.

### First applicant

Occupation/Nature of business (trustees should simply enter Trustee)

Annual earnings (including income from any pensions)/  
Net annual turnover (not applicable to existing trustees)

Source of funds for this investment

(eg a UK bank account)

Source of wealth (not applicable to corporate or trustee applicants)

### Second applicant (if applicable)

Occupation/Nature of business (trustees should simply enter Trustee)

Annual earnings (including income from any pensions)/  
Net annual turnover (not applicable to existing trustees)

Source of funds for this investment

(eg a UK bank account)

Source of wealth (not applicable to corporate or trustee applicants)

(Origin of funds for this investment eg saved from salary, inheritance, property sale, divorce settlement)

### Part A – Declaration

This Application should be read and signed by the person(s) who will own the plan.

For your own benefit and protection, you should read carefully the documentation provided before signing this form. You should also 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.

You must be aged 18 or over to be the owner of the plan.

Please make cheques payable to:

#### **The Prudential Assurance Company Limited.**

All bank/building society "counter" cheques **must** include reference to the name of the account from which the funds have been withdrawn. For example, "The Prudential Assurance Company Ltd – Re: Your name". An incorrectly completed cheque may require us to return your application which could affect the initial purchase price of your investment.

#### **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.

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.

#### **Trusts**

**Note:** If you are applying under parts 8 B, C or D and wish to make a gift into trust (with the trust coming into existence at the moment the policy is issued) a suitable trust request form needs to be completed by the applicant(s) and attached to the application form. Standard forms are available from Prudential or your Financial Adviser. Trustees of an existing trust or a new Prudential Loan Trust should apply under Part 8F.

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.

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, 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).

A copy of the Prudential Investment Plan terms and conditions and the completed application form are available on request.

## Section 8 – Declaration – continued

Please complete only one of Part B to Part F as appropriate:

Part B – Single applicant (owner) on own life

Part C – Single applicant (owner) on own life and another

Part D – Joint applicants (owners) on own lives

Part E – Single/Joint applicant(s) (owner(s)) on single/joint life of the person(s) to be covered

– UK company/organisation as applicant (owner) on single/joint life of the person(s) to be covered

Part F – Applications by trustees of existing trusts and new Prudential Loan Trusts.

### Part B – Single applicant (owner) on own life

I make the application for a policy(ies) of life assurance on my life and request that the policy(ies) be issued to me and any amount payable under the policy(ies) be paid to me or my executors or administrators.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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### Part C – Single applicant (owner) on own life and another

I make the application for a policy(ies) of life assurance on the two persons to be covered and request that the policy(ies) be issued to me and any amounts payable under the policy(ies) be paid to me or my executors or administrators.

State relationship between applicant and other person to be covered e.g. spouse/co-habiting partner/family member/civil partner (Trustees of existing trusts must use Part 8F).

Name of applicant

Signature

Date

D	D	M	M	Y	Y	Y	Y
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### Part D – Joint applicants (owners) on own lives

We make the application for a policy(ies) of life assurance on our two lives to be assured and request that the policy(ies) be issued to us and any amounts payable under the policy(ies) be paid to us, the survivor of us, or the executors or administrators of the last to die.

State relationship between applicants e.g. spouse/co-habiting partner/family member/civil partner (Trustees of existing trusts must use Part 8F).

Signature first applicant

Date

D	D	M	M	Y	Y	Y	Y
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Signature second applicant

Date

D	D	M	M	Y	Y	Y	Y
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## Section 8 – Declaration – continued

### Part E – Life of another

#### (i) Single/Joint applicant(s) (owner(s)) on single/joint life of the person(s) to be covered

I/We make the application for a policy(ies) of life assurance on the life/lives of the person(s) to be covered and request that the policy(ies) be issued to me/us and any amounts payable under the policy(ies):

➤ be paid to me or my executors or administrators.

*or (for joint applicants)*

➤ be paid to us, the survivor of us, or the executors or administrators of the last to die.

State relationship between applicant(s) and first and second person(s) to be covered\*

First applicant

Title Mr  Mrs  Miss  Ms  Dr  Other

Surname

Full forename(s)

Address

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

Second applicant (if applicable)

Title Mr  Mrs  Miss  Ms  Dr  Other

Surname

Full forename(s)

Address

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

Signature first applicant

Date

D	D	M	M	Y	Y	Y	Y
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Signature second applicant (if applicable)

Date

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

\* e.g. spouse/co-habiting partner/family member/civil partner (Trustees of existing trusts must use Part 8F).

## Section 8 – Declaration – continued

Where the plan is to be owned by a UK registered company, the company's name and address is required and either two directors or a director and company secretary must sign, stating their position (occupation) and names in full. The taxation of a plan held by a company is not the same as that for an individual(s). Particular advice from the company's advisers must be taken before making such an investment.

### Part E – Life of another

#### (ii) UK company/organisation as applicant (owner) on single/joint life of the person(s) to be covered

We are authorised to make an application on behalf of the company/organisation detailed below for a policy(ies) on the life/lives of the person(s) to be covered and request that the policy(ies) be issued to the company/organisation and any amount payable under the policy(ies) be paid to the company/organisation.

State relationship between company/organisation and person(s) to be covered e.g. Director/Key Person

Full name of company/organisation

UK registered address

<input type="text"/>
Postcode

First company representative

Title Mr  Mrs  Miss  Ms  Dr  Other

Print full name

Position in company/organisation

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Second company representative

Title Mr  Mrs  Miss  Ms  Dr  Other

Print full name

Position in company/organisation

Signature

Date

D	D	M	M	Y	Y	Y	Y
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## Section 8 – Declaration – continued

We **will not** accept applications from trusts or trustees (or any similar arrangements/ persons) not resident in the UK, the Channel Islands or the Isle of Man.

All trustees of an existing trust must sign and complete this section.

If more than two trustees, please complete details of additional trustees on a separate sheet and attach with this application.

### Part F – Applications by trustees of existing trusts and new Prudential Loan Trusts

I/We make this application for a policy(ies) of life assurance on the person(s) to be covered. I/We request that the policy(ies) be issued to me/us as trustees, resident in the UK, Channel Islands or Isle of Man, of a UK, Channel Islands or Isle of Man resident Trust, and any amounts payable under the policy(ies) be paid to me/us or other trustees for the time being of the trust. The trustees confirm that they have sufficient powers of investment for the purpose of effecting the proposed policy(ies) as an asset of the Trust Fund.

Trust Deed dated 

D	D	M	M	Y	Y	Y	Y
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**A certified copy** (a copy signed/dated by an Adviser stating "this is a true copy of the original" will be acceptable) **of the trust must be provided** where the plan is to form part of an Existing Trust.

First Trustee

Title Mr  Mrs  Miss  Ms  Dr  Other

Surname

Full forename(s)

Address

Postcode

Signature

Date signed

D	D	M	M	Y	Y	Y	Y
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Second Trustee (if applicable)

Title Mr  Mrs  Miss  Ms  Dr  Other

Surname

Full forename(s)

Address

Postcode

Signature

Date signed

D	D	M	M	Y	Y	Y	Y
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If your application is part of **Prudential's Loan Trust**, please give the date of birth of the Donor.

Date of birth of Donor 

D	D	M	M	Y	Y	Y	Y
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## Adviser checklist – to be completed by Financial Adviser

### Financial Adviser note

To help us process the application accurately, please tick the relevant box and complete ALL the details below:

Have you attached a copy of the illustration?

Yes

No

If this is not available, insert illustration reference number here and please ensure you complete the commission details below

Name of Registered Individual

Prudential Agent Number (eg. 012345)

The FSA require us to record whether advice was given to the client.  
Was advice given?

Yes

No

### Commission terms please read carefully

You have the flexibility to arrange commission terms to meet your clients needs. This will affect the charges your client pays on the plan. The Maximum Equivalent Initial Commission (EIC) = 8%.

For example

➤ 1% Initial Commission = 1% EIC

➤ 1% Trail Commission = 5% EIC

This means that Trail Commission should be converted on a 1:5 basis to get the Equivalent Initial Commission.

A combination of Initial and Trail Commission is allowable up to a combined maximum EIC of 8%.

### How do you wish to receive your commission?

Please remember to complete both sections if choosing a combination of Initial and Trail Commission

Initial Commission  % or  £

You **must** tick one of the following boxes if Initial Commission selected

Initial Commission **paid for by Initial Charge** (no early cash in charges will apply)

Initial Commission **paid for by Establishment Charge** over 5 years (early cash in charges will apply for 5 years)

Trail Commission  % The percentage amount should be to 2 decimal places.

Trail Commission **paid for by monthly deductions from Fund Value** (no early cash in charges).

Nil Commission  tick box if Nil Commission required

To avoid delays in processing this application, please check you have:

➤ Completed the verification of identity form (Page 13)

➤ Completed the details in full above for commission

➤ Confirmed whether advice was given



## Online submission declaration

**This form must be completed where the application is being submitted online. Please then detach it and return it with the client's cheque in the envelope provided.**

Declaration Reference No.

Financial Adviser  
Case Reference No.

Financial Adviser Reference Date

Date     Time

The Company  Prudential

Space for Financial Adviser Stamp

The Product  Prudential Investment Plan

This Declaration has been completed as part of my application for the Prudential Investment Plan. I have been supplied with a Key Features Document.

I understand that the information I supply may be used for the purposes of administering the contract by the company, reinsurers, and third parties that provide services to Prudential or my Financial Adviser. I agree that my rights under the Data Protection Act regarding direct marketing have been explained to me.

I agree that such information may be disclosed in confidence to regulatory bodies, insurance companies, and other group companies in connection with the investigation or prevention of fraudulent claims.

I understand that when this Declaration is complete, it will be posted to Prudential along with other relevant documents.

### Terms of contract

1. I agree that the contract between me and Prudential for the provision of the Prudential Investment Plan will be governed by the terms of the following documents:
  - a. Key Features document
  - b. This Declaration Notice
  - c. The Confirmation Schedule
  - d. The Policy Conditions as amended from time to time.

2. I have supplied the information necessary to submit this application to Prudential through my Financial Adviser. I understand that Prudential will prepare a record of this information, known as the Confirmation Schedule, and send a copy to the First Applicant so that I can check its accuracy and completeness. I will have a period of 14 days from the date of posting of that copy to check this information and advise Prudential of any errors or omissions, otherwise it will be deemed to be correct.
3. Prudential will write to tell the First Applicant either directly or via their Financial Adviser when the policy is in force and the premium has been invested. On commencement of the contract the First Applicant will receive a Cancellation Notice, which gives the right to cancel the contract within 30 days if any applicant wishes. I understand that if I cancel the contract within the cancellation period, I may get back less than I invested.

Any person covered by this Declaration may request confirmation of their own recorded details on request.

### Signature(s)

#### First applicant

Full name (CAPITAL LETTERS)

Signed

Date

#### Second applicant (if applicable)

Full name (CAPITAL LETTERS)

Signed

Date



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

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