

Prudential Investment Plan

Application form



Some important information before you start

- If you have any questions when completing this application please speak to your Financial Adviser.
- For more information on your Prudential Investment Plan, please see the Key Features document you received with your application form.
- The minimum age of each person to be covered is 3 months and for a single life they must be aged under 85 (next birthday).
- If a plan is to be on two lives, one person must be aged under 85 (next birthday).
- 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.
- All sections marked as Mandatory field should be completed, otherwise it might delay in the processing of the investment.

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.

Section 9 ensure that the plan owner has answered the tax residency question where applicable and/or provided a completed Tax Residency Self-Certification Declaration form (INVF11781) where necessary.

If you require your Plan to be taken out on the life of someone else please complete Section 9E. If the investment is to be made by the trustees of an existing trust, or a new Prudential Loan Trust, please complete Section 9F.

When you have finished filling in the form

Please send this form and its attachments back to us in the prepaid envelope or to:
Freepost, Prudential, Lancing BN15 8GB

For online applications, please ensure that you complete the Online Submission Declaration form (GENF10697) and return it to the above address.

Adviser notes

Please ensure you complete the Adviser checklist on page 16.

Questions about this form?

If you are an Adviser, please call our Adviser Centre on **0800 234 0808**. Lines are open Monday to Friday between 8.30am and 6pm.

If you are a prospective Policyholder, please speak with your Financial Adviser or call our Policyholder Service Centre on **0800 000 000**. Lines are open Monday to Friday between 8am and 6pm.

Our web addresses are **www.pruadviser.co.uk** for financial advisers and **www.pru.co.uk** for policyholders.

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

First (or only) person to be covered

Mandatory field.

Mr Mrs Miss Ms Dr Other

Please use black ink. Write in CAPITAL LETTERS. Tick the appropriate boxes.

Surname Other names in full

Permanent residential address

 Postcode

Daytime phone number Email address Not Mandatory

Gender Male Female Date of birth

Second person to be covered (if applicable)

Mr Mrs Miss Ms Dr Other

Surname Other names in full

Permanent residential address

 Postcode

Daytime phone number Email address Not Mandatory

Gender Male Female Date of birth

The death benefit for joint life plans will only be payable when both persons covered by the plan have died.

2 Details of your investment and Set-up Adviser Charge instructions

In this section, tell us how much you are investing. You can ask us to pay on your behalf any Set-up Adviser Charge that is due to your adviser.

The amount invested in your Plan will be calculated as the payment you send us less any Set-up Adviser Charge, as indicated in section b below.

The Set-up Adviser Charge agreed for arranging this policy may be expressed as either a fixed monetary value or as a percentage of the payment.

Mandatory field.

Please ensure you complete all the boxes in this section.

Note: Please make sure that Box a minus Box b is equal to the amount in Box c. If there is any discrepancy, we will pay the amount specified in Box b to your adviser and we will invest the net amount of a minus b into your bond.

a) Total payment. (The amount you are sending to us.)

b) Set-up Adviser Charge (if any). Insert either the monetary amount, percentage of Total Payment, or if no payment is to be facilitated by Prudential, tick NIL.

or

%

or **NIL (please tick)**

c) Amount to be invested (your premium). Minimum £10,000 into your Plan after any Set-up adviser charges have been deducted.

We may accept larger investments in certain circumstances. If appropriate, your Financial Adviser can enquire on your behalf.

The maximum investment (including any top up premiums) is £500,000 per person. Any growth on your Plan is not subject to this limit; it only applies to the amount of your single premium and any top-up premiums.

How to pay – you may pay by cheque or a transfer made from your bank. For bank transfer details, your adviser can get the correct Prudential bank information from the Adviser Contact Centre on 0808 234 0808. If the cheque is not drawn on your personal account, we may ask you to prove that the money belongs to you.

Your Financial Adviser may be able to send your application to us on a secure website.

d) Please indicate your method of payment:

Cheque BACS/Telegraphic Transfer

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 (INVB11662) which is available from your Financial Adviser or visit www.pru.co.uk/pdf/INVB11662.pdf

Mandatory field.

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

Fund names	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
Total	100%

3 Where you wish to invest your money (continued)

3.2 Are you choosing a PruFund Protected Fund in My Fund Choice in section 3.1 on page 3?

Yes → please complete section 3.3 below No → go to Section 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.

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

4 Instructions for Ongoing Adviser Charges

Ongoing Adviser Charges will be treated as a withdrawal for tax purposes. If Ongoing Adviser Charges are selected, this will impact the level of regular withdrawals that can be taken. Similarly, any regular withdrawals you have selected will impact on the level of Ongoing Adviser Charges that can be paid from your Plan.

Any Ongoing Adviser Charges taken from the With-Profits Fund may be subject to a Market Value Reduction (MVR). For more details on MVR speak to your Financial Adviser or refer to our document "Market Value Reduction – a clear explanation" reference PRUS6165.

You may choose to use this plan to cover the cost of financial advice provided for ongoing advice relating to this plan.

If your Plan is to be written in a trust, it is the responsibility of all the Trustees to agree the Ongoing Adviser Charges. If you are using a Gift Trust or Discounted Gift Trust then Trustees must use the "Adviser Charging Instruction Form", PIPF10048, to agree Ongoing Adviser Charges.

4.1 Do you intend to use this plan to cover the ongoing cost of advice provided?

Yes → please complete the rest of this section

No → go to Section 5

4.2 Adviser Charges for ongoing advice

Select **ONE** option only.

Please indicate how you would like the Adviser Charges agreed for ongoing advice to be made.

% p.a. of your total premium invested

or

% p.a. of your Plan value

or

£ a fixed monetary amount each year

4.3 Frequency of ongoing advice charges payments

Select **ONE** box only. Ongoing advice charges to be deducted once every:

Every month

Every six months

Every three months

Every twelve months

Date you wish Ongoing advice charges to start
(this must be at least 30 days after the start of your Plan)

If no date is provided, your Ongoing advice charges will start at the first available frequency indicated, e.g. if you select "Every 3 months" then this is when the charge will begin 3 months after your Plan has started.

If you have selected to have Ongoing Adviser Charges paid to your adviser from this plan, and are investing in a PruFund Protected Fund and/or a With-Profits Fund and at least one other fund, you can choose to exclude your PruFund Protected Fund and/or your With-Profits Fund from these charges.

Do you wish to exclude the With-Profits Fund investment from Ongoing Adviser Charges? Yes No

Note: The agreed Ongoing Adviser Charge will be taken proportionately across all funds selected, excluding the Distribution Cash Fund. If you select a PruFund Protected Fund and/or a With-Profits Fund and at least one other fund, you can choose not to take any charges from your Protected Fund and/or your With-Profits Fund. This allows you to protect your PruFund Guaranteed Fund Value.

4 Instructions for Ongoing Adviser Charges (continued)

Do you wish to exclude your PruFund Protected Fund investment from Ongoing Adviser Charges?

Yes No

(If you select NO, all Ongoing Adviser Charges will be taken proportionately from across all your funds (except With-Profits if excluded) and your Guaranteed Fund Value within your PruFund Protected Fund will reduce proportionately.)

5 Taking a regular withdrawal

The amount

5.1 How much do you want to withdraw?

If this Plan is being set up as a Discounted Gift Trust please do not complete this section.

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 7.5% of the full value of your Plan or 7.5% 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.
- Please note that if you select Ongoing Adviser Charges in Section 4, these will contribute towards your 7.5% withdrawals limit. Any Ongoing Adviser Charges taken from the With-Profits Fund may be subject to a Market Value Reduction (MVR). For more details on MVR speak to your Financial Adviser or refer to our document "Market Value Reduction – a clear explanation" reference PRUS6165.
- 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 Section 5.3.
- 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 Section 5.3.

I/We wish to receive:

£ each year

or % each year of my/our amount invested

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

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)

If Natural Income is capped at 5%, you cannot select Ongoing Adviser Charges.

Frequency of payments

5.2 I/We would like to receive payments: (please tick one of the options only)

Every month

Every six months

Every three months

Every twelve months***

Every four 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).*

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

5 Taking a regular withdrawal (continued)

If no date is provided, your withdrawals will start at the first available frequency indicated, e.g. if you select "Every 3 months" then this is when the withdrawals will begin 3 months after your Plan has started.

* 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 Section 5.2, 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.

Only complete if you wish to specify from which funds the regular withdrawals are taken

5.3 Enter the name(s) of the fund(s) you would like to withdraw from

Fund name:	
Fund name:	
Fund name:	
Fund name:	

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.

Your account details

5.4 Please fill in the details of the account you would like us to pay withdrawals into.

Name of your bank or building society	Account name
<input type="text"/>	<input type="text"/>
Sort code	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"/>
Roll 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Address of bank or building society	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

6 Optional features

6.1 Programmed switching facility

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

The "nominated fund" is CASH. If you wish to choose a different "nominated fund" state the required fund in the box below.

Nominated Fund

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 of the original units allocated 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.

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

You cannot choose Distribution Cash Fund, Property Funds, PruFund Funds, With-Profits (Optimum Bonus) or With-Profits (Optimum Return) Funds.)

6 Optional features (continued)

Please enter the names of the funds you would like to receive the switched amount every month and the percentage for each. Please make sure they add up to 100%.

Programmed Switching into PruFund Funds is not permitted.

Fund names	% of switched fund
	%
	%
	%
	%
Total percentage	100%

6.2 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

7 Return of Premium Death Benefit

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

8 About your investment (all applicants)

Details of the applicant

Mandatory field.

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.

If Prudential discover this to be incorrect, we may cancel your plan at any time. If we do, we will return your initial investment less any withdrawals and any Investor Reward that has been paid.

	First applicant	Second applicant (if applicable)
8.1 Occupation/ Nature of business	<input type="text"/> Trustees should just put "Trustee".	<input type="text"/>
8.2 Annual Income	<input type="checkbox"/> 0 – £14,999 <input type="checkbox"/> £15,000 – £29,999 <input type="checkbox"/> £30,000 – £59,999 <input type="checkbox"/> £60,000 – £99,999 <input type="checkbox"/> £100,000 – £149,999 <input type="checkbox"/> £150,000 and over	<input type="checkbox"/> 0 – £14,999 <input type="checkbox"/> £15,000 – £29,999 <input type="checkbox"/> £30,000 – £59,999 <input type="checkbox"/> £60,000 – £99,999 <input type="checkbox"/> £100,000 – £149,999 <input type="checkbox"/> £150,000 and over
8.3 Where will the funds for this investment come from?	<input type="text"/> For example, a UK bank account.	<input type="text"/>
8.4 How did you raise the funds?	<input type="text"/> For example, saved from salary, inheritance, property sale, divorce settlement.	<input type="text"/>

9 Declaration

Part A

Mandatory field.

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.

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 & Security Team, Prudential, Lancing, BN15 8GB. 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.

Adviser Charging

I authorise Prudential to act upon my instructions regarding the facilitation of Adviser Charges (the "Adviser Charge Instruction") whether specified here now or elsewhere at any time in future. I also understand that Prudential shall not be required to carry out such instructions (including any permitted by my adviser firm) where they conflict with any applicable law or regulation and/or where they are inconsistent with Prudential's Adviser Charge administration capability.

I understand that where there is a difference between the Adviser Charge Instruction and the Adviser Charges agreed with my adviser firm, Prudential will only facilitate payment in accordance with my Adviser Charge Instruction.

I confirm that the Adviser Charge specified in my Adviser Charge Instruction is inclusive of any VAT at the prevailing rate from time to time.

I understand that if the level of VAT applicable within the Adviser Charge changes (including where previously VAT free Adviser Charges become subject to VAT) Prudential will only alter my Adviser Charge following a new Adviser Charge Instruction or instruction from my adviser firm which sets out the new level of charges to be deducted.

I understand that, with the exception of changes in the level of VAT, the Adviser Charge may not be increased without my explicit authority.

I agree that the Adviser Charge may be reduced or stopped by Prudential or my adviser firm without my explicit authority.

I agree that where my adviser firm arranges for the services I have agreed with them to be provided by another adviser firm, I authorise Prudential to amend my Adviser Charge Instructions to pay the Adviser Charges at the existing agreed level to the new adviser firm, except where they conflict with any applicable law, regulation and/or HMRC practice and/or where they are inconsistent with Prudential's Adviser Charge administration capability.

9 Declaration (continued)

I confirm that I have discussed with my financial adviser the tax implications of my investment being net of any Set-up Adviser Charges, and also the tax implications of having my Ongoing Adviser Charge deducted from the contract. I understand that deduction of any Ongoing Adviser Charge will be treated as withdrawal from the Bond.

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, email or text. If you would not like to be contacted, please tick this box.

- * The 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.

Trusts

Note: If you are applying under parts 9 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 9F.

You must also complete and enclose the Tax Residency Self-Certification Declaration Form – INV11781 in respect of the trust in each of the above cases.

If the policy is to be held in trust from the moment of issue, the tax residency question in parts 9 B, C or D in respect of the individual applicant(s) does not need to be answered and the Tax Residency Self-Certification Form should be completed in respect of the trust only.

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 applicants (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.

Are you tax resident in, or do you complete tax returns in, any country other than the UK? Yes No

If yes, please ALSO complete the Tax Residency Self-Certification Declaration Form – INV11781.

Signature

Date signed

9 Declaration (continued)

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.

Are you tax resident in, or do you complete tax returns in, any country other than the UK? Yes No

If yes, please ALSO complete the Tax Residency Self-Certification Declaration Form – INV11781.

Signature <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	Date signed 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.

Are you tax resident in, or do you complete tax returns in, any country other than the UK? Yes No

If yes, please ALSO complete the Tax Residency Self-Certification Declaration Form – INV11781.

Signature <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	Date signed D D M M Y Y Y Y
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Second applicant

Are you tax resident in, or do you complete tax returns in, any country other than the UK? Yes No

If yes, please ALSO complete the Tax Residency Self-Certification Declaration Form – INV11781.

Signature <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	Date signed D D M M Y Y Y Y
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9 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.

Date of birth first applicant

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

Date of birth second applicant

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

First applicant

Mr Mrs Miss Ms Dr Other

Surname

Other names in full

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

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

Are you tax resident in, or do you complete tax returns in, any country other than the UK? Yes No

If yes, please ALSO complete the Tax Residency Self-Certification Declaration Form – INV11781.

Signature

Date signed

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

Second applicant (if applicable)

Mr Mrs Miss Ms Dr Other

Surname

Other names in full

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

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

Are you tax resident in, or do you complete tax returns in, any country other than the UK? Yes No

If yes, please ALSO complete the Tax Residency Self-Certification Declaration Form – INV11781.

Signature

Date signed

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

9 Declaration (continued)

Part E – Life of another (continued)

(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.

Full name of company/organisation

UK registered address

Postcode										
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										

Please also complete the Tax Residency Self-Certification Declaration Form – INV11781 in respect of the company/organisation.

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 or company director and witness 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.

In Company cases a Non-Personal Corporate Entity Verification form is required and also Specimen Signatures of List of Signatories.

First company representative

Mr Mrs Miss Ms Dr Other

Print full name

Position in company/organisation

Signature

Date signed

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

Second company representative

Mr Mrs Miss Ms Dr Other

Print full name

Position in company/organisation

Signature

Date signed

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

9 Declaration (continued)

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 Date

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

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.

Please also complete the Tax Residency Self-Certification Declaration Form – INV11781.

Date of birth First Trustee

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

Date of birth Second Trustee

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

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.

First trustee

Mr Mrs Miss Ms Dr Other

Surname

Other names in full

Address

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

Date signed

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

Signature

Second trustee (if applicable)

Mr Mrs Miss Ms Dr Other

Surname

Other names in full

Address

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

Date signed

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

Signature

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

10 Confirmation of verification of identity – Private individual

Introduction by a Financial Conduct Authority regulated firm – See explanatory notes below

Mandatory field.

Details of individual

Surname

Other names in full

Current address

<input type="text"/>						
						Postcode

Previous address if individual has changed address in the last three months

<input type="text"/>						
						Postcode

Date of birth

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

Confirmation

I/We confirm that:

- a) the information in section 1 above was obtained by me/us in relation to the customer;
- b) the evidence I/we have obtained to verify the identity of the customer:
- meets the standard evidence set out within the guidance for the UK Financial Sector issued by the Joint Money Laundering Steering Group
- or
- exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation).

Tick one box only.

I/We confirm that:

- Based on the knowledge I/we have gained of the customer we have:
- No reason to believe that the tax residency self-certification requires any follow up action
- or
- reason to believe that the tax residency self-certification requires follow up action

Tick one box only.

If follow up action is required, please indicate why

Name

Position

Date signed

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

Signature

Details of introducing firm (or sole trader)

Full name of regulated firm (or sole trader)

Financial Conduct Authority Reference Number:

Explanatory notes

- A separate confirmation must be completed for each customer (e.g. joint holders, trustee cases and joint life cases). Where a third party is involved, e.g. a payer of contributions who is different from the customer, the identity of that person must also be verified, and a confirmation provided.
- This form cannot be used to verify the identity of any customer that falls into one of the following categories:
 - those who are exempt from verification as being an existing customer of the introducing firm prior to the introduction of the requirement for such verification;
 - those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering Regulations; or
 - those whose identity has been verified using the source of funds as evidence.
- This confirmation must carry an original signature, or an electronic equivalent.

Please ensure you complete the Adviser Checklist on page 16.

10 Confirmation of verification of identity – Private individual (continued)

Introduction by a Financial Conduct Authority regulated firm – See explanatory notes below

Mandatory field.

Details of individual – for joint holders, trustee cases and joint life cases.

Surname

Other names in full

Current address

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

Previous address if individual has changed address in the last three months

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

Date of birth

<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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Confirmation

I/We confirm that:

- a) the information in section 1 above was obtained by me/us in relation to the customer;
- b) the evidence I/we have obtained to verify the identity of the customer:
- meets the standard evidence set out within the guidance for the UK Financial Sector issued by the Joint Money Laundering Steering Group
- or
- exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation).

Tick one box only.

I/We confirm that:

- Based on the knowledge I/we have gained of the customer we have:
- No reason to believe that the tax residency self-certification requires any follow up action
- or
- reason to believe that the tax residency self-certification requires follow up action

Tick one box only.

If follow up action is required, please indicate why

Name

Position

Date signed

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

Signature

Details of introducing firm (or sole trader)

Full name of regulated firm (or sole trader)

Financial Conduct Authority
Reference Number:

Explanatory notes

- A separate confirmation must be completed for each customer (e.g. joint holders, trustee cases and joint life cases). Where a third party is involved, e.g. a payer of contributions who is different from the customer, the identity of that person must also be verified, and a confirmation provided.
- This form cannot be used to verify the identity of any customer that falls into one of the following categories:
 - those who are exempt from verification as being an existing customer of the introducing firm prior to the introduction of the requirement for such verification;
 - those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering Regulations; or
 - those whose identity has been verified using the source of funds as evidence.
- This confirmation must carry an original signature, or an electronic equivalent.

Please ensure you complete the Adviser Checklist on page 16.

11 Additional Adviser Information

I/We confirm that advice has been given:

 Yes

Mandatory field.

Name of Registered Individual (Adviser Name)

Prudential Agent Number

If operating as an Appointed Representative, please insert your network's agency number. The payment of Adviser Charges will be to the Adviser firm identified on the form.

Adviser checklist – to be completed by Financial Adviser

Financial Adviser note

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

- > Confirmed that advice was given
- > Completed the details in Sections 2 and 4, covering Investment Details and Adviser Charge Instructions
- > Completed the verification of identity form. A separate confirmation must be completed for each customer (e.g. joint holders, trustee cases and joint life cases). Where a third party is involved, e.g. a payer of contributions who is different from the customer, the identity of that person must also be verified, and a confirmation provided. (Pages 14 and 15.)
- > Ensured that the plan owner(s) has answered the tax residency question where applicable and/or provided a completed Tax Residency Self-Certification Declaration form (INVF11781) where necessary.



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