



Member's application form

BT

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

To be completed by the member, trustees and financial adviser.

Please return all 4 pages of this form to: **Prudential, Stirling FK9 4UE**

Warning: Please ensure the following answers are true and complete. Failure to disclose material facts (i.e. facts likely to influence Prudential's assessment or acceptance of this application) may lead to cancellation of the contract.

Please read the key features document as this will provide you with important information regarding the key risks and benefits of the product 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.

If you are in any doubt as to whether facts are material, full details should be provided.

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

Part 1 – Member's personal details

Title Mr Mrs Miss Ms Dr Other

Surname

Full forenames

Sex

Male Female

Date of birth

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

National Insurance number

| | | | | | | | |
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The following sections should be completed in block letters by the trustees. Please tick the required answers where an option is given.

Part 2 – Scheme details

Principal employer

Employer by whom member is paid (if different)

Scheme number (if known)

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|--|--|--|--|---|--|--|--|
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Normal retirement date (this should be a birthday)

Date of entry to scheme

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

Have you verified the member's date of birth?

Yes No

Yearly earnings

£

Your earnings figure will allow us to give you more relevant quotations.

We will compare estimated eventual benefits with your estimated retirement earnings. If you don't give an earnings figure we will use the current national average earnings figure projected to your retirement date for the comparison.

Is the scheme investment strategy to apply? If no, please ensure Part 6 is completed.

Yes No

Part 3 – Regular contributions

If a single contribution is being made please ensure Part 4 is completed.

Employer's regular contribution (*exclusive of member's contribution*).

Member's regular contribution

Frequency of contributions

Monthly

Yearly

Rate of annual indexation required on regular contributions (Select one) **(See note)**

% P.A.
(Whole number only
Min. 5% Max. 15%)

or

N.A.E.
(Tick for National
Average Earnings Index)

or

NIL
(Tick if required)

Month

Year

When do you want contributions to start?

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

Part 4 – Single contribution

Single contribution (if transfer value use appropriate transfer form).

Member's contribution, if any, included in the above single contribution.

Part 5 – Death-in-service lump sum benefits

To be completed only if the employer is providing death-in-service lump sum benefit.

A health questionnaire (form reference Y816) should be completed where the Whole Life Option has been selected or where lump sum death benefits exceed any automatic cover available. We may also request it if the member has been absent from work, depending on the reason.

How much death-in-service lump sum benefit is required?

Is the contribution for lump sum death benefit to be included in the contributions shown above?

Yes No

If Yes, is the return of the retirement fund to be included in, or additional to, the lump sum death benefit?

Included Additional

Is the Whole Life Option required?

Yes No

Has the member been absent from work due to illness or injury in the last two months?

Yes No

If Yes, please state the duration and reason for absence

Please see your Key Features Document for information on contribution limits.

When selected, indexation will apply to total contributions (existing and new) being paid to the scheme for the member. The first increase will take place on the next scheme review date provided that this is at least six months after the start of contributions, as described in the terms and conditions.

Part 6 – Investment details

To be completed Only if the investment strategy for the member differs from the scheme investment strategy.

Please indicate which funds the member wishes to invest in (maximum of six funds). Fractions of 1% should not be used. New investment in the With-Profits Fund is not permitted within three years of the normal retirement date. If you do select the With-Profits Fund and the member is within three years of normal retirement date, this will be treated as an application to invest in the Cash Fund.

Tick as appropriate

Regular Single Regular Single 50% With-Profits Regular Single
 100% With-Profits 100% Managed and 50% Managed

Complete as appropriate

| Fund | Regular | Single |
|-----------------------|---------|--------|
| With-Profits | | |
| Managed | | |
| Equity | | |
| Others (please state) | | |
| | | |
| | | |
| Total | 100% | 100% |

Part 7 – Trustees declaration

We declare that to the best of our knowledge and belief, the information given in this application is true and complete.

We agree that the member named in this application should be admitted as a member of the scheme.

Signed for and on behalf of the trustees

X

Date of birth

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

Part 8 – How we use your personal data

The Prudential Assurance Company Limited, its group companies*, its business partners and the trustees or managers of the scheme will use your information together with other information for administration, customer services and profiling your purchasing preferences. We will pass your information to them (including our service providers and agents) for 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 your 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.

* 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).

Part 9 – Member's declaration

I declare that to the best of my knowledge and belief, the answers given by me in Part 1 are true and complete.

I agree to join the scheme and to be bound by the rules. I agree to my contributions (if any) being deducted from my earnings.

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.

Signature

Date

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

Part 10 – Essential information – to be completed by the financial adviser

Source of funds for this investment

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| |

(e.g. UK bank account, overseas bank account)

Source of wealth

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| |

(Origin of funds for this investment e.g. employer contribution, trustee bank account. If other, please detail.)

For Prudential use only

Cheque acknowledgement number

| | | | | | | | |
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Cheque amount

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| £ | | | | | | | |
|---|--|--|--|--|--|--|--|

Date stamp

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www.pru.co.uk

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