



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

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If you have any questions about this form, you can call us free on **0800 000 000** between 8am and 6pm Monday to Friday. Calls may be monitored or recorded for quality and security purposes. Please return all 4 pages of this form in the enclosed reply paid envelope 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 our assessment or acceptance of this application) may lead to cancellation of the contract. If you are in any doubt as to whether facts are material, full details should be provided.

This form should only be used for increasing regular contributions to MaxiPension or the payment of single contributions to MaxiPension or OmniPension.

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 (PENB10290) 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.

Part A – Member's personal details

Contributions under this application will be applied to secure benefits in accordance with the provisions of a Company Pension Policy (MaxiPension and OmniPension).

Member's name

Scheme name

Policy number

Date of birth

D	D	M	M	Y	Y	Y	Y
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Scheme number

National Insurance number

Part B – Regular contributions

Complete when incrementing an existing MaxiPension. Insert increment amount only, do not include any existing contributions and, where payable monthly, insert monthly amount. Selected Normal Retirement Date and investment details remain unchanged.

Employer's regular contribution £ Employee's regular contribution £

Rate of annual indexation required on regular contributions (Select one – see Notes)

% P.A. OR A.W.E. OR NIL
(Whole number only Min. 5% Max. 15%) *(Tick for Average Weekly Earnings)* *(Tick if required)*

When do you want contributions to start?
Month Year

Part C – Single contributions

Single contribution £ Complete as appropriate

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

Please indicate which funds you wish 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 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.

Fund	% Contributions
<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"/>
Total	100%

Please tick if the Pension Protector option is required

Part D – Death-in-service lump sum benefits

Please show the lump sum death benefit required in addition to the existing benefits £

If there is already a lump sum death-in-service benefit under the existing policy, any cover to be added must be provided in the same manner.

If the death-in-service benefit under the existing policy is a return of the retirement fund only, is the contribution for the lump sum to be included in the contributions shown overleaf? Yes No

If **YES**, is the return of the retirement fund to be included in or additional to the lump sum benefit? Included Additional

Is the Whole of Life Option required? Yes No

If **YES**, or if the lump sum applied for exceeds any increment free cover available, the member should complete a separate Health Questionnaire (form ref. Y816)

1. For existing plans with nil indexation you may select any indexation rate. For an existing plan with indexation, you must select the same rate or nil indexation.

2. When selected, indexation will apply to the total contributions (existing and new) being paid to the scheme for this member. The first increase will take place on the review date which follows or which coincides with a date six months after the start of this application.

The option, if selected, applies only to the benefits arising from the contributions in this application.

Complete when incrementing regular contributions to a MaxiPension

Part D – Death-in-service lump sum benefits – continued

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

Yes

No

If **YES**, please state duration and reason for absence

If earnings have changed since last giving information to us, please show the current position.

Yearly earnings

£

This earnings figure will allow us to give you more relevant quotations. We will compare estimated eventual benefits with the estimated retirement earnings. If you don't give an earnings figure, we will use the current Average Weekly Earnings figure projected to the retirement date for the comparison.

Part E – Declaration

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.

We declare that, to the best of our knowledge and belief, the information on this form is true and complete.

We request that the benefits for the member are increased in accordance with this application.

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, customer services, marketing and profiling your purchasing preferences. We will pass your information to them (including our service providers and agents) for these purposes. We may also need to disclose your information to the Trustees, sponsoring employer and their scheme advisors for these purposes.

We may search the files of credit reference agencies that will record any searches on your file. This is to help us 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 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).

Signed for and on behalf of the Trustees

Date

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

Part F – Essential information – to be completed by the Financial Adviser

Source of funds for this investment

(e.g. UK bank account)

Source of wealth

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

For Prudential use only

Cheque Acknowledgement Number

Cheque Amount

Date Stamp



www.pru.co.uk

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