



Member's 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

Part 1 to be completed in block letters by the member. Parts 2 to 7 to be completed by the trustees. Part 8 to be completed by the financial adviser. Please tick the required answer where an option is given.

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.

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

If you're 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

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|---------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------|-----------------------------|------------------------------|---|---|---|---|---|---|---|-----------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| Title | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Other <input type="text"/> | | | | | | | | | | | | | | | | |
| Forename(s) | <input type="text"/> | | | | Surname <input type="text"/> | | | | | | | | | | | | | | | | |
| Date of birth | <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | | | | D | D | M | M | Y | Y | Y | Y | National Insurance Number <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Sex | Male <input type="checkbox"/> | Female <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |

Member's declaration

I declare that the information given by me above is 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.

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.

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.

Signed by the member

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| X |
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Date

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

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 2 – Scheme details

Principal employer

Employer by whom member is paid (if different)

Scheme number (if known)

 P

Date of entry to scheme

 D D M M Y Y Y Y

Normal Retirement Date (this should be a birthday)

Have you verified the member's date of birth?

Yes No

Is the Scheme Investment Strategy to apply?

Yes No

If **NO**, please ensure Part 6 is completed.

Part 3 – Regular contributions details

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

Yearly earnings

 £

This earnings figure will allow us to give you more meaningful quotations. We will compare estimated eventual benefits with the member's estimated retirement earnings. If you don't give an earnings figure, we will use the current national average earnings figure projected to the member's retirement date for the comparison.

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 1).

% 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?

 D D M M Y Y Y Y

Part 4 – Single contribution details

Single contribution
(if Transfer Value use separate form ref Y735)

 £

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

 £

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

Part 5 – Lump sum death benefit

To be completed only if a lump sum death benefit is required.

Health questionnaire (form ref Y816) should be completed where the Whole Life Option has been selected or where lump sum benefits exceed any automatic cover available. It may also be requested if the member has been absent from work, depending on the reason.

Amount of lump sum death benefit required

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

Yes No

(must be consistent with scheme death benefit basis)

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.

Part 6 – Investment details

Fund selection to be completed ONLY if the investment strategy for the member differs from the Scheme Investment Strategy.

Please indicate which funds are to be used for investment for the member (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 member's 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 | Regular | Single |
|--------------|---------|--------|
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| Total | 100% | 100% |

Is the Pension Protector option required? (See Note 2).

Yes No

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

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| X |
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Date

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

Notes

1. 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 commencement of contributions in terms of this application.
2. This option, if selected, applies only to the benefits arising from the contributions in this application. If you want the Pension Protector option added to any existing investment linked benefits, please complete form P863.

Part 8 – 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, for example: employer contribution or trustee bank account. If other, please provide details.)

For Prudential use only

Cheque acknowledgement number

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Cheque amount

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|---|
| £ |
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Date stamp

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www.pru.co.uk

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