



## Protection by Exercise of Option 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

Please help us by filling in the application form honestly and in full. If you miss any information out, or give us misleading information, this is likely to mean that we do not pay your claim. In addition, this could also delay the processing of your application. If you are uncertain about whether any particular fact would influence our decision, you should include it. If you do not, it is likely that a claim in the future will not be paid. Please disclose all relevant information as we may not contact or obtain a report from your doctor.

If someone else fills this form in for you (for example, your financial adviser), please check that all the details are correct before you sign the declaration. You are responsible for the written answers. If you make a mistake please cross it out, put in the correct word or words and initial next to the correction.

If you would prefer, you may complete the medical questions in private and return the Health details section direct to our Chief Medical Officer. Please indicate on this form if you have done so. It is very important that you tell us if there is a change to any of the following:

- › your personal health
- › your family history
- › your occupation
- › your participation in any hazardous leisure activities
- › your travel or residence
- › your lifestyle (smoking/alcohol consumption/etc) between completion of this form and your plan starting.

If you do not, your plan may be cancelled and your claim will not be paid.

### Notes to help you complete your Prudential Protection application form

Thank you for choosing Prudential Protection. We hope you will find this form easy to complete. The notes below will help you.

- › If your Prudential Protection is to be in joint names, please complete the "First or Only Life" and "Second Life" sections.
- › If you need more space to give details on any of the questions, please continue on a separate sheet, cross referring to the section and question number.
- › As you complete the form please read the margin notes which are relevant to particular questions. Please also read the notes on page 18 of the form.
- › This form can be used to exercise any of the options, if available, under your existing Prudential Protection, at any time within three months of one of the 3 events listed in Section B happening, provided the Life Assured (or both Lives Assured) are below age 50 at this time.

<b>Section A</b>	<b>About you</b> This section should be completed fully by all applicants.	<b>Page 3-4</b>
<b>Section B</b>	<b>Option being exercised in existing plan</b> Please complete to show what type of option is being exercised. Evidence required in parts 2 and 3 must be submitted. We will be unable to proceed with your application without this.	<b>Page 5-6</b>
<b>Section C</b>	<b>About your new plan</b> Applicants should complete this section to indicate any options they would like to be included in their new plan.	<b>Page 6-7</b>
<b>Section D</b>	<b>Health details</b> This section should only be completed if you are applying for cover you do not already have.  If this application, taken together with any other insurance policies you already have, is for life insurance up to a sum of £500,000 or critical illness up to £300,000 you do not need to disclose any genetic test you may have had. You do not need to disclose the result of any genetic test undertaken in the context of research.  Genetic test results only need to be disclosed where the sum exceeds either £500,000 for life insurance or £300,000 for critical illness and their use by insurers has been independently approved.  You may, of course, disclose any genetic test result which is in your favour. If you either have a family history of, are experiencing symptoms of, or are having treatment for, a genetic condition, you must tell us.  Further information is available on request which fully explains this policy and details those genetic tests approved for use by insurers.	<b>Page 8-14</b>
<b>Section E</b>	<b>Declaration, finalisation authority and consent</b> All applicants must sign and date the declaration.	<b>Page 15-17</b>
<b>For completion by financial adviser</b>	This section must be completed by your financial adviser.	<b>Page 18-19</b>

Failure to disclose relevant information will result in non payment of a claim.

If joint life assurance for male and female, please complete the male's details first. We will write to you at the address given for the first or only life, or the applicant if different, until you notify us in writing of your new address.

## Section A – About you

### First (or only) Life Assured

Mr  Mrs  Miss  Ms  Dr

Other

Surname

First name(s)

Current address

Postcode

Date of birth

D	D	M	M	Y	Y	Y	Y
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Marital status

Telephone (Home)

E-mail address (not essential/mandatory)

Occupation

Business/Industry

1. Does your occupation involve any form of manual or physical activity (including, but not limited to, lifting and carrying or the need to work on your feet for long periods)?

Yes  No

Yes  No

If Yes, please detail the main manual or physical tasks you do, starting with the task you do the most and specify the percentage of your day spent doing this task.

Task	% of day
	%
	%
	%
	%

Task	% of day
	%
	%
	%
	%

2. Does your occupation involve any work at heights over 40 feet or driving more than 18,000 miles per annum?

Yes  No

Yes  No

If Yes, please give full details i.e. maximum height at which you work, annual mileage etc

Failure to disclose relevant information will result in non payment of a claim.

**Section A – About you – continued**

**First (or only) Life Assured**

**Second Life Assured (if applicable)**

3. Does your occupation involve working any form of machinery or tools

Yes  No

Yes  No

If Yes, please give full details i.e. Type of machinery/tools and % of day spent using machinery/tools

Type of machinery/tools	% of day
	%
	%
	%
	%

Type of machinery/tools	% of day
	%
	%
	%
	%

4. Have you in the last five years or do you intend to:

(i) Participate in any sport or pastime which involves any additional risk of accident such as motor sports, mountaineering or underwater activities?

Yes  No

Yes  No

(ii) Travel or reside abroad (apart from holiday visits)?

Yes  No

Yes  No

(iii) Fly except as a fare-paying passenger on an established public service or take part in aviation-related sports?

Yes  No

Yes  No

5. (i) Have you smoked or used any tobacco products in the past 12 months?

Yes  No

Yes  No

If Yes, please provide details of daily amounts:

Cigarettes

Cigarettes

Cigars

Cigars

Pipe

Pipe

Tobacco

Tobacco

Nicotine Replacement products

Nicotine Replacement products

**We may carry out random tests to confirm the non-smoker status.**

If Yes to (i), (ii) or (iii), please provide full details.

(Includes cigarettes, cigars, pipe, loose tobacco and any nicotine replacement therapy)

## Section B – Option being exercised in existing plan

Guaranteed Insurability Option to be exercised under plan number

All options are subject to the following conditions:

1. The option is not available if either of the planholders is currently claiming for Waiver of Premium or Mortgage Payment Benefit.
2. No Waiver of Premium or Mortgage Payment Benefit claims are permitted on the new plan in the six months following exercise of the option. If a claim occurs within those six months, the deferred period will start when six months have elapsed since exercising the option.
3. If the amount of Basic Critical Illness Cover is increased, and a critical illness claim occurs, the amount of benefit paid may be restricted. This will only happen if the critical illness is a result, in any way, of a medical condition affecting a Life Assured, whether or not a diagnosis was made or any symptoms were evident, which:
  - a) existed at a date earlier than six months after the date the option was exercised, and
  - b) did not exist before the original plan started.

Now please complete Part 1, Part 2 or Part 3.

### Part 1 – Mortgage increase option

I/We wish to exercise this option  (please tick if required)

Now please complete the following

The details given below are in respect of

a new loan  amount of new loan £

or

an additional loan  amount of additional loan £

If an additional loan, total amount of loan £

Term of loan  years

New account number (if known)

Name of lender

Purpose of loan

Is the new/additional loan for the purpose of moving home or making home improvements? Yes  No

**Note: If the answer to this question is No the assurance applied for is not available in terms of the option.**

Life Cover and Critical Illness Cover are available under this option up to a maximum of the increase in the mortgage loan amount. This is subject to an overall maximum of £150,000 increase in cover on each life over all additional plans, issued as a result of Guaranteed Insurability Options.

We would expect your loan to have the same term as your plan.

Please give full details.

## Section B – Option being exercised in existing plan – continued

### Part 2 – Increase option – Childbirth or Adoption

I/We wish to exercise this option  (please tick if required)

Available upon the birth of a child (or children) to, or the legal adoption of a child (or children) by, the Life Assured or, if there are two Lives Assured, both Lives Assured. Can only be exercised twice throughout the term of the existing Prudential Protection.

Copy of certificate of birth\*\* or adoption enclosed with this application form.

(please tick to confirm documents enclosed)

### Part 3 – Increase option – Marriage or Civil Partnership

I/We wish to exercise this option  (please tick if required)

Available upon the marriage or Civil Partnership of the Life Assured\* or, if there are two Lives Assured, the marriage or Civil Partnership of the Lives Assured to each other\*. Can only be exercised once throughout the term of the existing Prudential Protection.

Copy of certificate of Certificate of Marriage or Civil Partnership Certificate\*\* enclosed with this application form.

(please tick to confirm documents enclosed)

## Section C – About your new plan

### Part 1 – Life Cover

#### This must be completed

1. How much Life Cover do you require?

£  Term  years Premiums will be payable **monthly** by direct debit unless 'yearly' is entered here.

The selected level of Life Cover (and Critical Illness Cover, if required) will be subject to the maximum for the relevant option being exercised. See margin notes in section B for individual details.

2. Cover options  **OR**   
Level Cover throughout plan term      Decreasing Cover throughout plan term

### Part 2 – Optional benefits

**Choose the options you would like to be included in your plan by ticking or completing the boxes.** Please consult your financial adviser for details of these options.

**If you do not require any optional benefits, go to section E, Declaration Finalisation Authority and Consent**

1. **Critical Illness Cover (CI)** (please tick if required) Yes  No

2. **Critical Illness Cover for existing plans** (please complete if required)

If you also want any existing mortgage plans to be covered for Critical Illness, please indicate the type of cover and the total amount of existing loans.

Type of Cover required (please tick one box) Level  Decreasing   
Amount £

Part 2 and 3 Life Cover and Critical Illness Cover are available under this option up to a maximum of 50% of the initial level of cover, subject to an overall maximum of £150,000 increase in cover on each life over all additional plans issued as a result of Guaranteed Insurability Options.

\* The only meaning of marriage or civil partnership in the context of the increase option, is the first marriage or civil partnership of the two parties.

\*\* Copies of birth and Marriage Certificates or Civil Partnership Certificates can be obtained from the appropriate local Registrar or Register General.

The minimum period for life cover is 5 years. Please refer to important note 5. If the application is a joint life application, the selected level of Life & Critical Illness Cover will apply to each life.

Cover value will be that selected in the previous section for Life Cover. This is only available if you have chosen Critical Illness Cover in C1.

**Failure to disclose relevant information will result in non payment of a claim.**

The additional cost is shown on your illustration and is calculated on the basic premium and any additional premiums depending on the options you have chosen. For Joint Life applications, the same Deferred Period will apply to both lives.

**Mortgage Payment Benefit**

The selected benefit will have the same Deferred Period as chosen in C3. If a life wishes to select Mortgage Payment Benefit, that life must also have selected Waiver of Premium Benefit in C3.

The benefit is provided by a separate General Insurer. Waiver of Premium Benefit is automatically included in Unemployment Cover. Please refer to Important Note 3 for maximum benefits.

You must be living and working in the United Kingdom at the time the Unemployment Cover starts.

**Section C – About your new plan – continued**

**3. Waiver of Premium Benefit (WOP)** (please complete if required)

Please indicate to which life/lives assured Waiver of Premium Benefit is to apply (please tick **one** box)

First or only Life  Second Life  Both Lives

Deferred Period (please tick **one** box)

3 months  6 months  12 months

**4. Mortgage Payment Benefit (MPB)** Amount of Mortgage Payment Benefit required, **each month**

**First or Only Life** £  **Second Life** £

The maximum amount of monthly benefit selected cannot exceed the monthly equivalent of: 50% x gross annual earnings up to £45,000 plus 33 1/3% x gross annual earnings over £45,000. The maximum amount of monthly benefit you can choose for housepersons cover is £1,000.

Gross annual earnings £  Gross annual earnings £

For self-employed this is the net taxable earnings over the last 12 months, less allowable expenses.

**5. Unemployment Cover (UC)** (please complete for each Life Assured where required)

	<b>First or only Life</b>	<b>Second Life</b>
Amount of Unemployment Cover required, <b>each month</b>	£ <input type="text"/>	£ <input type="text"/>
	each month 4 weeks <input type="checkbox"/> 13 weeks <input type="checkbox"/>	each month 4 weeks <input type="checkbox"/> 13 weeks <input type="checkbox"/>

Please indicate the Deferred Period required for each life (if appropriate)

**6. Unemployment Cover eligibility**

Complete as appropriate for the life/lives who have requested Unemployment Cover.

If a life answers Yes to any of the following questions, that life will not be eligible for Unemployment Cover.

	<b>First or only Life</b>		<b>Second Life</b>	
1. Have you been unemployed or started/ceased trading (if self employed) in the last 6 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Are you aware of any impending redundancies or unemployment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do you have arrears on a residential mortgage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you ever been convicted of any offence involving fraud or dishonesty, or is any such prosecution pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Section D – Health details

### First (or only) Life Assured

### Second Life Assured (if applicable)

1. If we require a medical examination to complete our underwriting, please indicate if you wish to attend one of our selected examiners or your own GP.

Our examiner

Own GP

Our examiner

Own GP

2. What is your height and weight? You should give your exact measurements. If unsure of these please check.

Height

Weight

Height

Weight

**Questions 3 – 9 for Yes answers please give full details including dates, treatment and periods off work in the space provided. If necessary continue on a separate sheet.**

3. (i) What is your average consumption of alcohol units per week? (1 unit= 1 single pub measure of spirits/small (125ml) glass of wine or 1/2 pint of standard strength beer, lager or cider)

- ii) Have you ever been advised to reduce or cut down your alcohol intake or has your alcohol intake ever been significantly higher?

Yes  No

Yes  No

If Yes, please provide details.

If Yes, please provide details.

- (iii) Have you ever used recreational drugs? This includes cannabis, ecstasy, cocaine, heroin or similar substances.

Yes  No

Yes  No

If Yes, please provide details.

If Yes, please provide details.

Section D – Health details – continued

First (or only) Life Assured

Second Life Assured (if applicable)

4. (i) Have you **ever tested positive** for HIV, Hepatitis B or C, or are you awaiting the results of such a test? Note: If the result is negative, the fact of having an HIV test will not, in itself, have any effect on your acceptance terms for insurance.

Yes  No

Yes  No

(ii) Within the **last five years** have you been exposed to the risk of HIV infection? (This can be caught through unsafe sex, intravenous drug abuse, or blood transfusions or surgery undertaken outside the EU)

Yes  No

Yes  No

(iii) Within the **last five years** have you tested positive or been treated for any disease, which was transmitted sexually?

Yes  No

Yes  No

If Yes, please give full details, including nature and date of test, reason for exposure, country involved (if applicable) and/or nature of sexually transmitted disease.

This information may be sent in confidence direct to our Chief Medical Officer, Prudential, Stirling FK9 4UE.

5. Do you **currently have** or have you **ever had** any of the following:

i) Cancer, leukaemia, hodgkin's disease, lymphoma, brain or spinal tumour?

Yes  No

Yes  No

ii) Heart disease or disorder – including heart attack, angina, heart murmur, cardiomyopathy, heart valve defect or heart surgery?

Yes  No

Yes  No

iii) Stroke or transient ischaemic attacks (mini-stroke); brain haemorrhage or permanent brain injury through accident?

Yes  No

Yes  No

iv) Multiple sclerosis, epilepsy, paralysis, muscular dystrophy, parkinson's disease (or other movement disorders), motor neurone disease, or cerebral palsy?

Yes  No

Yes  No

v) Disease or disorder of the arteries – including disease in the legs, deep vein thrombosis or the aorta?

Yes  No

Yes  No

vi) Diabetes or sugar in the urine?

Yes  No

Yes  No

vii) Mental illness that has required hospital treatment or referral to a psychiatrist or other specialist?

Yes  No

Yes  No

Failure to disclose relevant information will result in non payment of a claim.

## Section D – Health details – continued

If you have answered Yes to any of question 5, please give the details below.

### First (or only) Life Assured

Disease/Disorders:

Date of disease/disorders:

Treatment:

Results of investigations:

Time off work and when:

### Second Life Assured (if applicable)

Disease/Disorders:

Date of disease/disorders:

Treatment:

Results of investigations:

Time off work and when:

Please continue on a separate sheet if necessary.

Section D – Health details – continued

First (or only) Life Assured

Second Life Assured (if applicable)

6. In the **last five years** have you had any of the following:

i) A lump or growth of any kind; or any mole or freckle that has bled, become painful, changed colour or increased in size?

Yes  No

Yes  No

ii) Chest pain, irregular heart beat, raised blood pressure or raised cholesterol?

Yes  No

Yes  No

iii) Optic neuritis, numbness, tingling, facial pain, visual disturbance including blurred vision or double vision, dizziness, chronic fatigue or tiredness?

Yes  No

Yes  No

iv) Seizure, fits, fainting or blackouts?

Yes  No

Yes  No

v) Any disorder of the digestive system, liver, stomach, pancreas or bowel – including gastric or duodenal ulcer, hepatitis, colitis or crohn's disease?

Yes  No

Yes  No

vi) Any disorder of the kidneys, bladder or prostate – including blood or protein in the urine or urinary tract infections?

Yes  No

Yes  No

vii) Blood disorder or anaemia?

Yes  No

Yes  No

viii) Any disorder of the adrenal, pituitary or thyroid glands?

Yes  No

Yes  No

ix) Asthma, bronchitis or any other disorder of the lungs or respiratory system?

Yes  No

Yes  No

x) Any pain or other disease, disorder or problem relating to your back, neck, joints, bones or muscles including arthritis, slipped disc; rheumatism or gout?

Yes  No

Yes  No

xi) Any form of mental illness including anxiety, depression, stress, nervous breakdown or eating disorders?

Yes  No

Yes  No

xii) Disorder of the eyes including blindness or problems with sight? You can ignore sight problems fully corrected by glasses or contact lenses.

Yes  No

Yes  No

xiii) Disorder of the ears including difficulty hearing?

Yes  No

Yes  No

**Section D – Health details – continued**

**First (or only) Life Assured**

**Second Life Assured (if applicable)**

xiv) Any gynaecological disorder (including cervical smears) or breast condition for which you have been referred to a specialist or required investigations or treatment?

Yes  No

Yes  No

xv) Undergone or been advised to have any investigation, x-ray, scan or blood test for any condition not already mentioned?

Yes  No

Yes  No

xvi) Received any form of medical attention at a hospital as an inpatient or outpatient for any condition not already mentioned?

Yes  No

Yes  No

xvii) A surgical operation for any condition not already mentioned?

Yes  No

Yes  No

If you have answered Yes to any of question 6, please give the details below.

Disease/Disorders:

Disease/Disorders:

Date of disease/disorders:

Date of disease/disorders:

Treatment:

Treatment:

Results of investigations:

Results of investigations:

Section D – Health details – continued

First (or only) Life Assured

Second Life Assured (if applicable)

If you have answered Yes to any of question 6, please give the details below.

Time off work and when:

Time off work and when:

Please continue on a separate sheet if necessary.

Please continue on a separate sheet if necessary.

7. In the last five years have you been **off work** for **2 weeks or more** for any medical condition, illness or injury?

Yes  No

Yes  No

If Yes, please provide details.

If Yes, please provide details.

8. i) Are you aware of any other medical condition or symptoms where you intend to seek medical advice or are you waiting for the results of any medical investigation?

Yes  No

Yes  No

If Yes, please provide details.

If Yes, please provide details.

ii) Are you currently taking prescribed drugs, medicines, tablets or any other form of treatment for any condition not already mentioned (Oral contraceptives can be disregarded).

Yes  No

Yes  No

If Yes, please provide details.

If Yes, please provide details.

**Section D – Health details – continued**

**First (or only) Life Assured**

**Second Life Assured (if applicable)**

9. Before the age of 65, did either of your parents or any brothers or sisters, suffer or die from:

Cancer?

Yes  No

Yes  No

Heart disease, stroke or diabetes?

Yes  No

Yes  No

Multiple sclerosis or alzheimers disease?

Yes  No

Yes  No

Muscular dystrophy, parkinson's disease, motor neurone disease or haemochromatosis?

Yes  No

Yes  No

Huntington's disease, polycystic kidney disease or polyposis of the colon?

Yes  No

Yes  No

Any other potentially hereditary disease or disorder?

Yes  No

Yes  No

**First Life** – If Yes, please complete this table.

Relationship			
Illness (if cancer, which part of the body was affected)			
Age at onset			
Current age			
Age at death (if applicable)			

**Second Life** – If Yes, please complete this table.

Relationship			
Illness (if cancer, which part of the body was affected)			
Age at onset			
Current age			
Age at death (if applicable)			

It is **very** important that you tell us if there is a **change** to your answers to any of the questions on this application form between completion of this form and your plan starting. Your plan will not start until we have assessed and accepted your application and the first premium has been paid.

See Important notes and General information on page 18 and also the margin notes throughout this form.

### Important notes

The plan will not start until we have assessed and accepted your application, and the first premium has been paid. If you have a birthday while your application is being processed, the terms may differ from those originally quoted.

In most instances your payments will be as originally quoted. We may offer you revised terms, but occasionally we may not be able to offer any terms.

We may ask you to contact your doctor if we are waiting for reports which we have asked for.

If we ask you to come for a medical examination, we will need to share the application information with another company we have authorised. They will make the arrangements for the examination to take place.

We may need to send your application and relevant medical reports to our reassurers for their opinion or agreement of the terms offered. Or, we may need to send them at a later stage for purposes relating to managing the policy. You can get details of general reinsurance principles and details of any company we use to assess your application, from our head office.

We have a confidentiality policy in place which means we hold your medical information securely and access is limited to authorised individuals who need to see it.

You are entitled to ask for a copy of our standard terms and conditions and a copy of your application form at any time.

### Access to medical reports

We may need to get medical reports to support your application. Before we can ask any doctor that you have consulted to fill in a report, we need your permission under the Access to Medical Reports Act 1988. Your rights under the act are as follows.

You do not need to give your permission, but if you do not, we may not be able to go ahead with your application. This does not prevent you from applying to other companies for insurance.

You can ask to see the report before the doctor returns it to us. If this is the case, we will tell the doctor to keep the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report to us.

If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us. We can send a copy of the report to your doctor if you ask to see it at a later date.

If you think that any part of the report is not correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.

Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following.

- › Your current health.
- › Any care, medication or treatment you are currently receiving.
- › The results of referrals or tests you are waiting for.
- › Any time off work in the last three years.
- › Your past health.
- › Details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of:
  - malignancy (cancer), cardiovascular (heart) disease, diabetes, and degenerative (gradually worsening) diseases
  - musculo-skeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints or muscles
  - anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue
  - suicidal thoughts or attempts at suicide
  - conditions related to drug or alcohol misuse or smoking or chewing tobacco.
- › Details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (tests on urine), x-rays or other investigations.
- › Any blood pressure readings in the last three years.
- › Any history of disease among your parents or brothers or sisters that you have told your doctor about.

We have asked your doctor not to reveal information about:

- › negative tests for HIV, hepatitis B or C
- › any sexually-transmitted diseases unless there could be long-term effects on your health
- › predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from.

The information you and your doctor provide about your health may result in us:

- › refusing to provide insurance
- › increasing premiums above standard rates
- › setting premiums at standard rates.

If you have any questions about your rights under the act or questions relating to the process of getting, assessing or storing medical information, please write to:

**Chief Medical Officer**  
**Prudential**  
**Stirling FK9 4UE**

### Declaration

- › I/We agree to you asking any doctor I/we have consulted about my/our physical or mental health to provide medical information so you may assess my/our proposal. You may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that I/we have applied for. I/We authorise those asked to provide medical information when they see a copy of this consent form. This form allows you to gather medical reports within six months of the start of the plan, or after my/our death, to support any claim made on the plan proceeds.
- › This information can also be used to maintain management information for business analysis.

I/We have read the declaration, important notes and information relating to my/our rights under the Access to Medical Reports Act.

### 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/s.

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 & 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).

### Declaration

I/We the Applicant(s) declare that, to the best of my/our knowledge and belief, the information on this form is true and complete and agree that the terms of this Application and Declaration and any statements made by the life or lives to be assured to Prudential's Medical Examiner together with Prudential's Letter of Acceptance will be deemed to form part of any resultant contracts. I/We authorise my/our financial adviser named at the end of the form to act on my/our behalf to amend the sum(s) to be assured or term of the assurance applied for to correspond with any alteration in detail of the mortgage from that set out in this Application and to agree the commencement date of the plan with Prudential. Delete this paragraph only if you do NOT wish your financial adviser to act on your behalf to make changes or start the plan. I/We the proposed life/lives assured declare that, to the best of my/our knowledge and belief, the information on this form is true and complete. I/We will inform you immediately of any changes that occur before the plan starts. I/We understand that failure to do so may result in the contract being declared void, and that a claim for the proceeds may not be paid. I/We consent to Prudential seeking details of the mortgage from the lender. I/We am/are aware that the income benefits I/we receive could affect the amount of any income support/income based Jobseekers Allowance, should I/we be eligible for state help.

## Section E – Declaration, finalisation authority and consent – continued

### Unemployment Cover

Where I/we have elected to apply for Unemployment Cover, I/we understand that by signing this application form, I am/we are applying for two separate contracts. I/we understand that the Unemployment Cover is provided by a separate General Insurer and that the Prudential are acting only as their agents. It is noted that Prudential reserve the right to change the provider of this benefit in the future.

I/we further understand that the information supplied will be forwarded to the General Insurer and that insurers share information with each other regarding Unemployment Cover, to prevent fraudulent claims. This system utilises a register of claims, and a list of participants is available on request. I/we accept that information supplied on this form, together with any other information relating to the claim, will be provided to the register.

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

### First or only Life

I do **not** want to see the report before it is sent to the company.

I **do** want to see the report before it is sent to the company.

Signature

X

Date 

D	D	M	M	Y	Y	Y	Y
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### Second Life

I do **not** want to see the report before it is sent to the company.

I **do** want to see the report before it is sent to the company.

Signature

X

Date 

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

**I/We have read the information relating to my/ our rights under the Access to Medical Reports Act and Data Protection Act, the Declaration and General information.**

### Signature of First or Only Life Assured

Signature

X

Date 

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

### Signature of Second Life Assured

Signature

X

Date 

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

## Important notes

1. The amount payable on a life contracting one of the Critical Illnesses covered will be the total of the selected Life Cover and any additional amount payable if existing mortgage plans have been covered for Critical Illness in section C, under all related plans.
2. The maximum amount of monthly Mortgage Payment Benefit cannot exceed the monthly equivalent of 50% of gross annual earnings up to £45,000, plus 331/3% of gross annual earnings over £45,000. The amount payable on a claim will be based on the selected level of cover under both policies. In addition, this will be subject to a maximum limit that will take account of your earnings and any other income benefits you may receive from other insurance policies.
3. The maximum amount of monthly Unemployment Cover cannot exceed the monthly equivalent of 50% of gross annual pre-unemployment earnings up to £45,000 plus 331/3% of gross annual pre-unemployment earnings over £45,000. or £3,000 per month, whichever is the lesser. The amount payable on a claim will be based on the sum of the selected levels of cover under both plans. In addition, this will be subject to a maximum limit that will take account of your pre-unemployment earnings and any other income benefits you may receive from other insurance policies.
4. Waiver of Premium Benefit, Mortgage Payment Benefit and Unemployment Cover, if chosen, will start after the chosen Deferred Periods.
5. Cover is subject to underwriting and maximum cover limits. The current limits are unlikely to exceed £3m for Life Cover and £500,000 for Critical Illness Cover.
6. Unemployment Cover premiums are reviewable. Please refer to the Key Features for full details.

## General information

1. Copies of the rules for Prudential Protection, which includes the Unemployment Cover rules, and the completed application form are available on request.
2. If anyone else fills in this application on your behalf, he does so as your agent and not as an agent of Prudential. He does not have the authority to accept this application on behalf of Prudential.
3. Prudential's Letter of Acceptance will indicate when the Assurance will commence. In most instances your payments will be as originally quoted. Revised terms may be offered to you, for example if you have a birthday while your application is being processed but occasionally we may be unable to offer any terms.
4. If the amount payable under your Direct Debit Instruction is due to be altered, Prudential will advise you of details of the new amount shortly before your account is due for debiting. Direct Debits under that Instruction will be originated only in respect of premiums payable in accordance with the terms of the plan for which it is drawn.
5. If the applicant is not the Life or Lives to be assured, you must have sufficient insurable interest to be able to apply for the plan on this basis. If in doubt, please check with your financial adviser that sufficient insurable interest exists.

## Adviser Checklist for completion by all Advisers

1. Section A "About you" has been completed for all cases.
2. Section B "Option being exercised in existing plan" has been completed for all cases.
3. Section C "About your new plan" has been completed if required.
4. Section D "Health details" completed in all cases and for both lives where appropriate.
5. Section E "Declaration, finalisation authority and consent" has been completed in all cases.
6. Direct Debit Mandate has been completed for all cases.
7. Financial adviser – Essential information completed for all cases.
8. Money Laundering forms completed: 
  - (i) Form GENM6637 Intermediary Introduction Certificate

**One certificate is needed for each applicant/trustee/third party.**

1. FSA Regulatory No (if applicable)

Registered individual's forename

and

Registered individual's surname

Registered individual's e-mail address

We will only use this address to inform you if we have to refer your client(s) for medical underwriting.

You are submitting this application on terms agreed via multi-tie arrangement.

Yes

No

2. Your Agency details

Your Prudential Agency Number

e.g. 1 2 3 4 5 6 X

OR

Agency name & address stamp

3. Your Customer Reference Number (if any)

4. Start Date (if known)

 /  / 

5. Routing instructions

Acceptance Letter

Direct to applicant with copy to you

Both to you

Plan documents\* to:

Applicant

You

Copy plan documents\* to:

Applicant

You

\* For any other destination please inform us separately.

6. Was advice given?

Yes

No

C.C.4



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

Unemployment Cover is underwritten by St Andrew's Insurance plc, registered office: St Andrew's House, Portsmouth Road, Esher KT109SA (Registered No. 3104671). St Andrew's plc is authorised and regulated by the Financial Services Authority. Register number 202932.  
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