

# Application form

## How to fill out this form

Please use black ink and CAPITAL LETTERS or tick ☒ as necessary.

Any corrections must be initialled; do not use correction fluid.

## About this form

If you have any questions about this form, you can call us free on **0800 000 000** between 8am and 6pm Monday to Friday. We might record your call for training and quality purposes. To find out more about how we use your personal data please visit [pru.co.uk/mydata](https://pru.co.uk/mydata).

Remember to complete the Direct Debit form in order to set up monthly payments from your Bank or Building Society account. Please return the whole form in the enclosed reply paid envelope to: **FREEPOST, Prudential, Lancing BN15 8GB**.

**You should use this form to add contributions to an existing retirement annuity plan (S226) originally taken out with Scottish Amicable Life Assurance Society (Scottish Amicable) or with M&G Pensions & Annuity Company Limited (M&G). Please make sure that you have the correct application form to avoid any investment delay.**

Please note, this plan can only be set up on a non-advised basis.

For further information, see the Key Features and Guide to the Retirement Annuities (W521 Section 226 increments) which describes the terms and conditions of the contract that will arise if you choose to make this increment. For the avoidance of doubt, there are no guarantees on the rates for buying your pension arising from this increment when you retire even if there are guaranteed rates for your older plans. A copy of the Key Features and Guide to the Retirement Annuities (Section 226 Increments) is available from your Financial Adviser or from Prudential, Lancing BN15 8GB.

New regular contributions will always be invested in a separate Prudential retirement annuity plan (FlexiPension 5 or IndePension 3, as appropriate).

### If you want to pay an additional single contribution and have:

- an M&G plan, or
- a Personal Retirement Investment Plan (PRIP)

you can choose to have the single contribution invested in your existing M&G or PRIP plan, as appropriate. If you would like to pay an additional single contribution into your existing plan, please tick one of the following:

- existing M&G plan ☐ Complete only Section 1
- existing PRIP ☐ Complete only Section 1

Alternatively, if you would like to pay an additional single contribution into a separate Prudential retirement annuity plan, please tick the following:

- new Prudential plan ☐ Complete Section 2

### Should you wish to also pay additional regular contributions, please also complete Section 2.

If you do not have an **M&G plan** or **PRIP**, your additional single contribution will be invested in the same way as additional regular contributions, in a separate Prudential retirement annuity plan. If you want to pay additional single and/or regular contributions, please tick one or both of the following:

- additional single contribution ☐ Complete Section 2
- additional regular contributions ☐ Complete Section 2

**Your Financial Adviser will complete Section 3.**

## Section 1 – (M&G and PRIP)

Include STD code

Investor (full name)

Daytime Tel. No

Address, including postcode (if changed, and you have not previously told us that you moved)

  

National Insurance number

Plan number to which contribution to be added

Amount of single contribution (minimum £1,000)

£

Please confirm where you want this single contribution invested.

Fractions of 1% are not allowed.

The maximum number of funds is:

- 6 for a PRIP, or
- 20 for ex M&G, unless you are adding to a plan with regular contributions, in which case the maximum is 10.

Fund Name

Percentage of Contribution

1. Are you a UK resident for tax purposes? Yes ☐ No ☐
2. If NO, are you a Crown Servant, or the spouse or civil partner of a Crown Servant? Yes ☐ No ☐

**If you answered No to both the last two questions you may not be eligible to contribute and get tax relief. You should check this with your Financial Adviser.**

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.

**I declare that**

- I have taken reasonable care to answer the questions honestly and to the best of my knowledge. I understand that a claim may not be paid in full or may be rejected or my policy may be cancelled if I have not. I agree that the terms of this application, any other written statement by me or on my behalf to Prudential, the answers to any additional questions put to me by Prudential's Medical Examiner, together with Prudential's Acceptance, shall form part of any relevant contracts.
- my total contributions to all UK registered pension schemes (schemes that attract tax relief) will not exceed the higher of
  - (i) my Relevant Earnings (broadly UK taxable earnings directly from a trade, or profession or employment) and
  - (ii) £3,600 (including tax relief), if my Relevant Earnings do not exceed £3,600.
- if I cease to be a UK resident, for tax purposes or cease to be eligible for tax relief on any contributions that I am paying (because my earnings have reduced), I will write to Prudential to confirm this before the later of

(i) 30 days after the change, and

(ii) the 5 April at the end of the tax year when my circumstances change.

- I confirm that if I am self employed any payments to the pension plan from the business/partnership account will be reimbursed as applicable.

### How we use your personal information

For a copy of our latest Data Protection Notice, please visit [pru.co.uk/mydata](https://pru.co.uk/mydata). This details how and why we use your personal information (including any sensitive personal information), who we may share it with and your rights around your personal information. Alternatively, you can request a hard copy to be sent to you by writing to The Data Protection Officer, Customer Service Centre, Lancing BN15 8GB.

Please note that we collect personal information from you that is necessary for us to either provide you with the product or service you've requested or to comply with statutory or contractual requirements. Unfortunately if you don't provide all of the information we require this may mean we are unable to provide our products and services to you.

By signing and returning this form, you consent to us processing your sensitive data.

## Section 1 – continued

### 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.

Signature

Date

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

## Section 2 – (Do not complete Section 2 if Section 1 has been completed – unless you are paying regular contributions)

### A – Investor's details

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other

Surname

Full forenames

Permanent residential address (including post code)


Daytime Tel. No

Sex

Male ☐ Female ☐

Date of birth

D	D	M	M	Y	Y	Y	Y
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National Insurance number

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Nature of business

Full and exact description of your current occupation

Selected retirement age

(Minimum retirement age 55, increasing to 57 on 6 April 2028)

### B – Contribution details

The amount shown should be the increase in the amount to be paid.

Regular contribution

£

Frequency of contributions (Frequency of increments must match existing regular contributions)

Monthly ☐ Yearly ☐

Single contribution (minimum £1,000)

£

Plan number to which contribution to be added

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Please only complete Selected Retirement Age if this is the first increase to a FlexiPension (Series 1) or to a plan originally taken out with M&G Pensions & Annuity Company – otherwise ignore this box.

## Section 2 – continued

If you are applying for regular contributions, do you want waiver benefit?

Yes ☐

No ☐

(Waiver benefit is not available if you are over age 55. You must also meet our health requirements before this cover is agreed. The cost of waiver benefit is met from the regular contributions (not in addition to regular contributions).

If you are applying for waiver benefit, do you want immediate investment?

Yes ☐

No ☐

(Tick Yes if you want the full amount of your new contribution invested while your waiver benefit request is being considered. Contributions cannot normally be refunded once invested, so, if you want to delay investment until your waiver benefit terms are known, you should tick NO).

### Section C – Health questions – for regular contributions only.

#### Important information for investors.

Please take reasonable care to answer the questions honestly and to the best of your knowledge. If you don't a claim may be rejected or not fully paid or your policy may be cancelled. Please answer all questions as failure to do so will mean that your application may be delayed as we will have to contact you for the missing answers. Please do not assume that we will 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 all the answers you or your Financial Adviser provide on this application.

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 health questions in private and send them 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 between completion of this form and your pension re-starting to any of the information given in the answers to these questions.

1. What is your height?

What is your weight?

2. Have you attended or been advised to attend any doctor, osteopath, chiropractor, acupuncturist, physiotherapist, consultant, hospital or clinic for any form of advice, operation, treatment or tests within the last 5 years or are you subject to regular medical review or receiving any medical treatment or attention? (Colds, influenza and routine pregnancy consultations may be excluded).

Yes ☐

No ☐

If yes, please provide details in the box below.

3. Have you ever suffered from back or neck discomfort or joint problems or have you ever had any illness or injury requiring more than two weeks off work?

Yes ☐

No ☐

If yes, please provide details in the box below.

If you answered yes to question 2 or 3 then please give us full details of your condition here. Please tell us the name of your condition, the frequency and type of symptoms you have or have had, please also tell us what treatment you've received and what investigations you've had and any time off work as a result of your condition. Please continue on a separate sheet if necessary.

Failure to answer questions honestly and with reasonable care may result in your claim being rejected or not paid in full.

Please do not assume that we will contact or obtain a report from your doctor.

## Section 2 – continued

4. Have you ever tested positive for HIV/AIDS, 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, of itself, have any effect on your acceptance terms for insurance.

Yes ☐ No ☐

If you answered Yes, please give full details, including the name of the condition and date test was carried out.

5. Do you, or do you intend to, participate in any sport or pastime that involves any additional risk of accident such as, but not limited to motor/motor cycle sports, mountaineering, underwater activities, private flying or hang gliding?

Yes ☐ No ☐

If yes, please give full details including number of events or hours you undertake per annum.

6. Please tell us the name and address of your doctor

Doctor's name

Address (including post code)

  

Doctor's telephone number (including STD code)

How long has he/she been your doctor?

 years

\*There are a number of possible ways you may trigger the Money Purchase Annual Allowance (MPAA) when accessing your benefits flexibly. Your pension scheme or provider will have informed you if this is the case.

For further information please speak to your Financial Adviser.

- Have you previously accessed benefits flexibly\*?

Yes ☐ No ☐

If "Yes", please specify the date these were accessed.

D	D	M	M	Y	Y	Y	Y
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### Section D – Eligibility details

1. Are you a UK resident for tax purposes?

Yes ☐ No ☐

2. If NO, are you a Crown Servant, or the spouse or civil partner of a Crown Servant?

Yes ☐ No ☐

**If you answered No to both the last two questions you may not be eligible to contribute and get tax relief. You should check this with your Financial Adviser.**

### Section E – Investment details

**Please ignore this section if you already have investments in a FlexiPension (Series 5) or IndePension (Series 3). For more information please refer to the Fund Guide.**

Please indicate which funds you want to invest in (maximum of six funds). Fractions of 1% should not be used. New investment in the With-Profits Fund is not allowed within three years of your Selected Retirement Age.

If you do choose the With-Profits Fund in these circumstances, this will instead be treated as an application to invest in the Cash Fund.

Chosen funds	% to be invested in each fund	
	Regular contributions	Single contributions
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
	Total 100%	Total 100%

## Section 2 – continued

- 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.

### I declare that:

- I have taken reasonable care to answer the questions honestly and to the best of my knowledge. I understand that a claim may not be paid in full or may be rejected or my policy maybe cancelled if I have not. I agree that the terms of this application, any other written statement by me or on my behalf to Prudential, the answers to any additional questions put to me by Prudential's Medical Examiner, together with Prudential's Acceptance, shall form part of any relevant contracts.
- my total contributions to all UK registered pension schemes (schemes that attract tax relief) will not exceed the higher of
  - (i) my Relevant Earnings (broadly UK taxable earnings directly from a trade, or profession or employment) and
  - (ii) £3,600 (including tax relief), if my Relevant Earnings do not exceed £3,600.
- if I cease to be a UK resident, for tax purposes or cease to be eligible for tax relief on any contributions that I am paying (because my earnings have reduced), I will write to Prudential to confirm this before the later of
  - (i) 30 days after the change, and
  - (ii) the 5 April at the end of the tax year when my circumstances change.
- I confirm that if I am self employed any payments to the pension plan from the business/partnership account will be reimbursed as applicable.

### How we use your personal data

- For a copy of your Data Protection Notice please refer to your original application form. If you have any questions about this please write to:  
**The Information Risk and Security Team,  
Prudential, Lancing BN15 8GB.**
- For certain products we will need to process sensitive personal data such as health data.
- By signing and returning this form, you consent to us processing your sensitive data.

- The Prudential Assurance Company Limited is part of M&G plc which at the time of printing includes Prudential UK & Europe and the M&G Investments Group.

### 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 up to date with information on our products and services. To do this, we would like to contact you by telephone, post, email or Short Message Service.

If you would not like to be contacted, please tick this box. ☐

### Important notes

The Government introduced legislation from 6 April 2006 and a personal pension or stakeholder pension may suit your needs equally well. If you would like further information please contact our Customer Services Department.

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.

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 Stirling 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.

Signature

Date

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

### Section 3

For completion by Financial Adviser – essential information. All sections to be completed.

1. Your FCA Number (Registered Individuals)

R.I Number 

D	D	M	M	Y	Y	Y	Y
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 OR

Registered Individual's Forename

Registered Individual's Surname

Was advice given? No ☒

2. Your Agency Details

Your Prudential (SAL) Agency Number

1	2	3	4	5	6	X	
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Your Prudential (SAL) Company  
Representative Number (if applicable)

1	2	3	4	5	6	X	
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OR Agency Name & Address Stamp

3. Your Customer Reference Number (if any)

4. Start date (if known)

D	D	M	M	Y	Y	Y	Y
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Your usual commission and routing instructions (for issue of material to the investor) will apply. If you want to give us different instructions for this case, please complete 5 and 6 below.

5. Commission Instructions (if different from your usual instructions). Partial re-investment of commission is not allowed for contributions invested in M&G and PRIP plans.

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

"Prudential" is a trading name of The Prudential Assurance Company Limited which is registered in England and Wales. Registered office at 10 Fenchurch Avenue, London EC3M 5AG. Registered number 15454. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

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### Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to: **Prudential, Lancing BN15 8GB.**

Name and full postal address of your bank or building society

To: The Manager

Address
Postcode

Branch Sort Code

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Bank/Building Society account number

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**For Prudential Assurance Company Ltd. Official Use Only**

This is not part of the instruction to your bank or building society.

Reference

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Service User Number

1	7	7	4	6	2
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**Instruction to your bank or building society**

Please pay Prudential Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Prudential and, if so, details will be passed electronically to my bank/building society.

Name(s) of account holder(s)


Signatures

Date signed

D	D	M	M	Y	Y	Y	Y
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For completion by Financial Adviser – essential information. All sections to be completed.

6. Routing Instructions (if different from your usual instructions)

Acceptance Letter

☐

Direct to investor with copy to you

☐

Both to you

Plan Documents to:

☐

Investor

☐

You

☐

Special destination\*

Copy plan documents to:

☐

Investor

☐

You

☐

Special destination\*

\* Special destination – Name

Address (including post code)

  
  

Use of this address must have been authorised by the investor, to maintain client confidentiality.

\*Complete as appropriate

For Prudential Use Only

Cheque Acknowledgement Number

Cheque Amount

 £

Date Stamp

## The Direct Debit Guarantee

This Guarantee should be detached and retained by the Payer.



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, Prudential will notify you at least 5 working days in advance of your account being debited or as otherwise agreed. If you request Prudential to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Prudential or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when Prudential asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.