

# Application form

## How to fill out this form

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

Any corrections must be initialled. Please do not use correction fluid as this will invalidate your application.

If "Other", please state title.

Include postcode.

Include area code.

## About this form

**PP1**

### Thank you for choosing a Prudential Premier Personal Pension.

You should use this form if you are an existing member of the SAL/M&G Personal Pension Scheme and want to:

- add further contributions from either you, or your employer, for the first time
- increase the contributions to your existing plan. Scheme members who only have Pru Flexible Retirement Plans cannot use this form.

Any single contributions and transfer values for the first time must be through a Pru Flexible Retirement Plan, details of which are available on request.

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 your fund guide, available at [pru.co.uk/funds/guides](https://pru.co.uk/funds/guides), as this will provide you with full details of the funds available, their objectives, Prudential's risk rating of these funds and the charges and costs to help you select the funds suitable for your needs.

### Important note

- Some of the information in this form is needed because of HM Revenue & Customs rules – so must be correctly and fully completed.
- Copies of the plan terms and conditions and the completed application form are available on request.
- It is a serious offence to give false information, and to do so could lead to prosecution.

## Part 1 – Your details (all applicants)

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Full forenames

Surname

National Insurance No.

Date of birth

Sex Male ☐ Female ☐

Permanent residential address

  
  

Postcode

Daytime telephone number

\* 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.

Please tick only one option.

## PP2

Are you a Prudential policyholder?

Yes

No

Yearly earnings

£

Your earnings figure will allow us to give you more meaningful 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 average weekly earnings figure projected to your retirement date for the comparison.

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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## Part 2 – Eligibility details (all applicants)

Please tick one box below which best describes your current “employment” status (or the status of the person for whom this application is being made).

- Employed – chargeable to tax under Schedule E (P.A.Y.E.)
- Pensioner – chargeable to tax under Schedule E (P.A.Y.E.)
- Self-employed – chargeable to tax under Schedule D in respect of self-employment in a trade, profession or vocation or in a partnership.
- Caring for one or more children (under age 16)
- Caring for a person (over age 16)
- Full-time education (over age 16)
- Unemployed
- Other

Are you a UK resident for tax purposes?

Yes

No

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.

### Part 3 – Your employment details (employees only)

You can ignore this section if your employer is not contributing or sending your contributions to Prudential for you.

Name of employer

Please give a contact name and telephone number, including the area code

Name	
E-mail address	
Telephone number	

Address of employer

You need only give this contact name if your employer is to send contributions on your behalf.

Members who joined before 6 April 2001: the contribution shown will include any waiver benefit costs in terms of this application.

Members who joined on or after this date, the contribution shown is for retirement funding only. Any waiver benefit is extra and HM Revenue & Customs rules do not allow tax relief on the waiver benefit cost.

All regular contributions must be paid by Direct Debit. If you are increasing contributions and your existing contributions are not paid by Direct Debit, please complete the Direct Debit instruction at the back of this form. All existing contributions will also be collected under the Direct Debit (so you should also make sure you cancel any current standing order).

Automatic increases will not operate in the first six months after the start of contributions in respect of this application.

If you do not specify a month, indexation, if chosen, will apply on the yearly anniversary of your plan.

### Increasing contributions

What is your existing plan number?

If you give a plan number which does not match the basis for your new contributions, we will add your new contributions to your most recent matching plan, to give you flexibility when you want to cash in your retirement fund.

Please show only the new contribution (not the new total).

Payable by:

You

£

Your employer

£

Please show the amounts before any tax relief.

When do you want to start regular contributions?

The start date should be between the 1st and the 28th of any month.

How often are regular contributions to be paid?

Monthly

or Yearly

This must match the frequency of your existing plan if you are increasing contributions.

- Monthly contributions can be increased on the monthly anniversary.
- If you already have a Premier plan where yearly contributions apply, these contributions can be increased only on the yearly anniversary of that plan.

### Automatic increases

Where you already have a Premier or ex Scottish Amicable personal pension and/or Premier stakeholder, and:

If your existing plan is a Premier plan: the same increase rate (even if there are no automatic increases) will apply for your new contributions. Please confirm by ticking the box, then ignore the rest of this "Automatic increases" section.

☐

If your existing plan is NOT a Premier plan:

- with automatic increases – you can have no increases or you can have the same automatic increase rate. Please confirm the rate you want by ticking Yes, then ignore the rest of this "Automatic increases" section.
- with no automatic increases – you can choose not to have contributions indexed, so tick No (and ignore the rest of this "Automatic increases" section) or you can choose automatic increases for your new Premier contributions – in which case, you should complete this "Automatic increases" section.

Do you want contributions to increase automatically each year?

Yes

No

If Yes, by what rate? Whole number: Minimum 5%/Maximum 15%

% p.a. or AWE\* (tick)

In which month should automatic increases begin?

If you already have an existing plan with automatic increases, the increase month will be the same.

\* Average Weekly Earnings

**If your existing plan is a Premier plan:** As you are using this application to apply for an increase in regular contributions your new contributions will, if allowed by Premier plan terms, be invested in the same fund(s) as currently apply to the plan you chose in Part 4, (or your most recent plan as explained in Part 4).

If you wish to select a Lifetime Investment Profile for the first time then please tick the option below.

**If your existing plan is NOT a Premier plan:**

- **If you want a Lifetime Investment Profile (see below),** you can also choose the investment linked fund(s) to be used initially by completing the table below, or you can leave the selection to us. There is a set basis, we do not make an individual choice. Your fund guide shows what this will be.
- **If you do NOT want a Lifetime Investment Profile,** please complete the table below to confirm the investment fund(s) to be used.

For information about the funds you can choose from, please refer to your fund guide.

Please show the percentage investment split you want for your plan.

Fractions of 1% should not be used.

The With-Profits Fund is not available for new or additional investment if you are within three years of your Selected Retirement Age (and, if chosen, would be treated as an application to invest in the Cash Fund).

Please make sure your total equals 100%.

Chosen Funds	% to be invested in each fund
	Regular contributions
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
<b>Total</b>	<b>100%</b>

These options do not apply to With-Profits investments. If your existing plan is a Premier plan your initial funds will be the same as those you currently invest in.

Please tick only one option.

#### Lifetime Investment Profiles

Lifetime Investment Profile targeting **retirement options**

☐

Lifetime Investment Profile targeting **an annuity**

☐

Lifetime Investment Profile targeting **100% cash**

☐

Lifetime Investment Profile targeting **drawdown**

☐

**If your plan is NOT a Premier plan:** If you have chosen one of the Lifetime Investment Profiles without choosing any investment linked fund(s), we will assume that you are happy to start with the funds we choose for you. There is a set basis, we do not make an individual choice. Your fund guide shows what this will be.

The discretionary distribution of death benefits means that Inheritance Tax will not normally apply.

If you want to choose additional beneficiaries, please write the details on a separate sheet of paper, and attach it to this form.

Please make sure that the total for all your chosen beneficiaries is 100%.

If you already had a Prudential (SAL) or a Prudential (M&G) personal pension before 6 April 2001, the cost of any waiver/comprehensive waiver benefit in respect of contributions added to the plan will be met from the total contribution for retirement funding. Members who joined on or after this date, any waiver benefit cost does not qualify for pensions income tax relief (RAS) and is payable in addition to pension plan contributions.

These options are not available if you are currently aged over 60.

**Failure to complete this part may delay payment of death benefits.**

Please show details of the person(s) you would want to get death benefits from your plan.

Prudential has discretion on the beneficiaries for death benefits, and is not legally obliged to follow your wishes, but will take them into account.

Title    Mr ☐    Mrs ☐    Miss ☐    Ms ☐    Other

Full forenames

Surname

Address

Postcode

Relationship to you (if any)

Proportion of benefits

 %

(If not 100%, details of any additional beneficiaries should be attached to this application.)

## Part 7 – Waiver Benefit

**If you joined the Prudential (SAL)/Prudential (M&G) Scheme for the first time on or after 17 January 2005, you cannot apply for waiver benefit.**

**If you first joined the Prudential (SAL)/Prudential (M&G) Scheme after 5 April 2001, waiver benefit cannot be added after the start date of the plan.**

*If you are not applying for waiver benefit please go to Part 9.*

**Where you already have a Premier or ex Scottish Amicable personal pension, and:**

**your existing plan is a Premier plan:** your additional contributions will have the same waiver benefit as your existing plan (unless you are aged 60 or over, as you will not be eligible for waiver benefit). You should ignore the rest of this section and go straight to Part 8.

**your existing plan is NOT a Premier plan:** you can choose to have waiver benefit on your additional contributions. If you want waiver benefit you should complete the rest of this section and continue to Part 8.

**Regular contributions**

*Please tick one box*

Do you want to apply for waiver benefit on the contribution shown in this application?

☐

**Or**

If you already had an ex-Scottish Amicable Series A Personal Pension Plan before 6 April 2001, do you want to apply for comprehensive waiver benefit\* on the contributions shown in this application?

☐

\* Comprehensive waiver benefit is available only for Series A plans started before 6 April 2001.

Ignore this question if the Selected Retirement Age you chose in Part 1 is under 60.

There must be at least five years between acceptance for waiver benefit/ comprehensive waiver benefit for new regular contributions and the age when you want the benefit cover to stop. This waiver cessation age cannot be changed later.

The deferred period is the period before contributions start to be credited to your plan. The deferred period cannot be changed.

If the Selected Retirement Age you chose in Part 1 is 60 or below, cover for waiver benefit/comprehensive waiver benefit\* will stop on your Selected Retirement Age.

If your Selected Retirement Age is above 60, do you want waiver benefit/comprehensive waiver benefit to stop:

Please tick one box

at age 60 ☐

or

at your Selected Retirement Age ☐

If your Selected Retirement Age is over 65, waiver benefit/comprehensive waiver benefit will stop at 65 if you tick this box.

If you already have waiver benefit/comprehensive waiver benefit\*, the deferred period and waiver cessation age you previously chose will apply for your new contributions.

How long do you want the deferred period to be?

3 months ☐

6 months ☐

12 months ☐

\* Comprehensive waiver benefit is available only for Series A plans started before 6 April 2001.

## Part 8 – Health details (complete if you are applying for waiver benefit/ comprehensive waiver benefit)

### Important information for customers

Please take reasonable care to answer all 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 in this form 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 the correct word or words and initial next to the correction.

It is very important that you tell us if there is a change between completion of this form and your pension starting to any of the information given in the answers to these questions.

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

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

1a. Your current occupation

Occupation examples: Teacher, Sales, Engineer, Project Manager

1b. Your current occupation sector/industry

Industry example: Primary education, Construction of commercial buildings, Banking

1c. Please describe your duties, including the percentage split between manual and non-manual duties. If you work at heights, please give details of the maximum height at which you work along with percentage of time working at those heights.

2. What is your height?

What is your weight?

3. 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 five years or are you subject to regular medical review or receiving any medical treatment or attention? (Colds, influenza, minor injury and routine pregnancy consultations may be excluded).

Yes ☐

No ☐

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

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

4. 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 you answered Yes to question 3 or 4 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. Also tell us what treatment you've received and what investigations you've had along with any time off work as a result of your condition. Please continue on a separate sheet if necessary.

5. 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, in 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.

6. 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.

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

Doctor's name

Doctor's address

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

Postcode

Doctor's telephone number (including STD code)

How long has he/she been your doctor

years

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.

**As HM Revenue & Customs grant tax relief at source on the strength of this application you should be aware that it is a serious offence to make false statements; the penalties are severe and could lead to prosecution. Please read this section carefully before you sign and date this form.**

1. If I confirmed, in Part 4 of this form, that new contributions are to be added to a plan which is not a Premier or Series A Personal Pension, please add the new contributions to the plan quoted.
  2. I declare that
    - I have taken reasonable care to answer the questions honestly and to the best of my knowledge. I understand a claim may not be paid in full or may be rejected or my policy may be cancelled if I have not.
    - 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.
  3. I confirm that if I am self employed any payments to the pension plan from the business/partnership account will be reimbursed as applicable.
  4. I understand that if my employer is contributing to the plan
    - my regular contributions, if any (net of tax at the basic rate) will be deducted from my earnings after all other deductions and will be sent to Prudential along with my employer's contributions (if any) and I authorise such deductions from my earnings.
    - my employer intends to continue to pay the employer contributions (if any) but may stop them at any time and, if this happens, I will be told.
  5. I understand that I can alter the terms of my plan by giving revised instructions to Prudential, in writing, and that these revisions can be either directly from me, from my employer, or from the financial adviser who arranged my plan (or from any other adviser I appoint in writing and accepted by Prudential) provided that such revisions are allowed in terms of the rules and plan conditions.
  6. I consent to
    - (where my employer has agreed to arrange contributions to my plan) Prudential giving my employer information about my plan.
    - Prudential getting more information, and I consent to the giving of such information, as may be necessary for the installation and administration of my plan.
  7. I consent to Prudential providing the Financial Adviser detailed in this Application Form, information on all my Prudential Individual Pension Plans (including group arrangements). This authority is valid until it is cancelled, in writing, by me, or by submission of future applications.
- This information is based on our understanding of current taxation, legislation and HMRC practice. These tax rules could change in the future without notice. The impact of taxation and any tax relief depends on your individual circumstances. For more information about tax, please go to HMRC's website: [www.hmrc.gov.uk/rates](http://www.hmrc.gov.uk/rates).

#### How we use your personal information

We, Prudential UK, take the privacy and protection of your personal information seriously.

So we've set out below information about our processing of your personal information, what rights you have, and how you can get in touch if you want to know more.

When we say personal information, we mean information about you, such as your name, date of birth and contact details. 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.



## Part A – How we use your personal information and why

We, M&G plc, and our Business Partners, will use the personal information you provide to us, together with other information, for the following purposes:

- the administration of our products and services, including to enable us to perform our obligations to you and to provide any relevant services as discussed with you prior to any purchase of a product or service
- complying with any regulatory or other legal requirements
- carrying out checks using agencies such as credit reference agencies, tracing companies, or publicly available information (See Part B for more)
- the provision of customer services – like to reply to a question, or tell you that something's changing
- automated decision-making or profiling (see Part C for more)
- keeping your information on record and carrying out other internal business administration

In addition, we, M&G plc, and our Marketing Partners, will use the personal information you provide to us, together with other information, to send you direct marketing offers by electronic and non-electronic means including by post, as well as sending you introductions to products and services from carefully selected third parties also by post. Please see Part G for further details.

Some of the purposes above are necessary to allow us to perform our contractual obligations to you and to enable us to comply with applicable laws and regulation. We may also rely on legitimate interests in using and sharing your personal information for the purposes described above to improve our products and services. This allows us to explore ways to develop our business and to gain insights into how our products and services are used. To the extent that we need your consent to use your personal information for the purposes described above, you explicitly provide your consent by signing and returning this form, or as set out in Part G as appropriate.

### Who we share your personal information with and why

We'll share your personal information within M&G plc and with our Business Partners, for any of the purposes set out in Part A. If you have a joint policy or investment, the other person may receive your personal information too. If appropriate, we may also pass on your personal information to financial crime prevention agencies, any legal, regulatory or government bodies.

As we, M&G plc, and some of our Business Partners are global companies, we might need to send your personal information to countries that have different data protection laws to the UK or the European Economic Area. These transfers will only be to countries in respect of which the European Commission has issued a data protection 'adequacy' decision, or to other countries, such as India or the United States of America, where appropriate safeguards have been put in place.

If you want to know more about these safeguards – like our use of the European Commission's Model Clauses which govern the transfer of information outside of the European Economic Area – further information is available on request.

### We keep your personal information for a set amount of time

Your personal information will be stored either for as long as you (or your joint policyholder) are our customer, or longer if required by law or as is otherwise necessary. It'll always be in line with our data retention policy.

## Part B – Reference checks

For certain products, we may use approved credit reference agencies, tracing companies, financial crime prevention agencies, or publicly available information, to help us to check your identity, as well as to prevent fraud and money laundering; this may include checks on your current or previous addresses. Results of these may be recorded for future reference.

These checks may also be carried out for a joint policy holder or person(s) that you provide personal information on. Should we ever lose contact with you, we may use these agencies to verify your address to help us get back in touch.

Any transfer of your personal information will always be done securely.

## Part C – We may use your personal information to make automated decisions or profile you

We, M&G plc, our Business Partners, and our Marketing Partners may use your personal information to make automated decisions affecting you or to conduct other profiling (for example, marketing profiling).

To the extent that we conduct such automated decision making activity, we'll provide you with further information at the appropriate time.

### Part D – Use of your sensitive personal information

For certain products or services, we'll need to process your sensitive personal information, such as information relating to health, genetics, biometric identifiers and sexual orientation. To the extent that we need your explicit consent to process this kind of personal information in the manner described in Parts A, B, and C, you explicitly provide your consent by signing and returning this form.

### Part E – You're in control

When it comes to how we use your personal information, you've got the right to:

- request a copy of your personal information for free (we may charge you for this if the request is manifestly unfounded or excessive)
- in certain circumstances request that we move your personal information to another organisation if you want us to
- request that we correct anything that's wrong, or complete any incomplete personal information
- ask us to delete your personal information if it is no longer needed for the purposes set out in Part A or if there is no other legal basis for the processing
- limit how we use your personal information or withdraw your consents (including automated decision making) you have given for the processing of your personal information
- object to us using your personal information for direct marketing (including related profiling) or other processing based on legitimate interests
- complain to a data protection authority or another independent regulator about how we're using it.

If you want to do any of these things, or would like an explanation as regards these rights, we've explained how you can get in touch in the Contact Us section.

If you do need to speak to us, it'll be useful to have to hand that the data controller of your personal information is Prudential UK. Prudential UK have also appointed a Data Protection Officer who can be reached at the address shown in the Contact Us section of this document.

We may monitor or record calls or any other communication we have with you. This might be for training, for security, or to help us check for quality.

### Part F – Acting on someone else's behalf?

If you give us personal information about another person (or persons), we'll take that to mean they have appointed and authorised you to act on their behalf. This includes providing consent to:

- our processing of their personal information and sensitive personal information (as we've explained in Parts A, B, C, and D above)
- you getting any information protection notices on their behalf.

If for any reason you are concerned as to whether you are permitted to provide us with the other person's information, please contact us on the phone number below before sending us anything.

### Part G – Direct marketing

We and M&G plc will still send you information by post about the Prudential UK and M&G plc's products and services and carefully selected third parties.

Additionally, from time to time, Prudential UK and M&G plc would like to contact you by electronic means with details about products, services and any special offers. Please note that any consent you give will not apply to M&G Investments Group and Prudential International Assurance plc as they operate their own customer databases and may contact you separately.

If you consent to us contacting you for this purpose by electronic means, please tick to say how we may contact you (tick as many or as few as you like):

Email ☐ Phone ☐ Text ☐

And if you change your mind, and/or you would like to opt-out of receiving non-electronic direct marketing, it's easy to let us know. Just call us on 0800 000 000.

### Contact us

If you want to exercise your rights in Part E or if you require any other information about any other part of this notice, you can contact us in a number of different ways.

Write to us at: Customer Service Centre  
Prudential  
Lancing  
BN15 8GB

Call us on: 0800 000 000

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

Prudential UK means The Prudential Assurance Company Limited, Prudential Distribution Limited, Prudential Life Time Mortgages Limited, Prudential Pensions Limited, and M&G Wealth Advice Limited as appropriate.

M&G plc means any affiliates of Prudential UK (including, Prudential International Assurance plc, PGDS (UK ONE) Limited, M&G Global Services Private Limited, M&G Investments Group, and Prudential Corporate Pensions Trustee Limited.

Business Partners means our service providers, accountants, auditors, IT service and platform providers, intermediaries, reinsurers, retrocessionaires, investment managers, agents, pension trustees (and other stakeholders), scheme advisors, introducers, selected third party financial and insurance product providers, and our legal advisers.

Marketing Partners means our service providers, intermediaries, pension trustees (and other stakeholders), scheme advisors, introducers and selected third party financial and insurance product providers.

**I understand that, if I have not completed Part 7, I have chosen to exclude waiver benefits.**

#### Important notes

Your Statutory Rights Under The Access To Medical Reports Act, 1988 and The Access To Personal Files and Medical Reports (NI) Order 1991

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.

1. Your current health.
  - Any care, medication or treatment you are currently receiving.
  - The results of referrals or tests you are waiting for.
2. Any time off work in the last three years.
3. Your past health.
  - Details (excluding minor self limiting ailments/ conditions) 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:
    - (i) malignancy (cancer), cardiovascular (heart) disease, diabetes, and degenerative (gradually worsening) diseases;
    - (ii) musculo-skeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints or muscles;
    - (iii) anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue;
    - (iv) suicidal thoughts or attempts at suicide; or
    - (v) conditions related to drug or alcohol misuse or smoking or chewing tobacco.
  - Details of any biopsies, blood tests, electrocardiograms (heart tests), diagnostic genetic test results, 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.
4. 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; or
- predictive genetic test results.

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

- refusing to provide insurance;
- setting exclusions or postponing cover;
- increasing premiums above standard rates; or
- 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, Lancing BN15 8GB.

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.

☐

#### Declaration

- I agree to you asking any doctor I have consulted about my physical or mental health to provide medical information so you may assess my 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 have applied for. I 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 death, to support any claim made on the plan proceeds.
- This information can also be used to maintain management information for business analysis.

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

**I have read the Data Protection Notice and consent to the processing described.**

Signed

Date

D	D	M	M	Y	Y	Y	Y
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Prudential as administrator agrees to administer the Prudential (SAL)/M&G personal pension schemes as required by the rules of the schemes.

To be completed only if the employer is contributing to the plan or paying contributions on the applicant's behalf.

1. We, as employer of the employee making this application, confirm our agreement to pay contributions in accordance with this application to provide benefits in respect of the said individual.
2. We agree, having been so authorised by the employee, to deduct from payments of salary or wages, after all other deductions, his or her regular contributions, if any, net of tax relief at the basic rate in force at the time the regular contribution is paid to Prudential. We undertake to hold such contributions as agent for the said employee and, as agent, to pay these contributions together with our own regular contributions, if any, in accordance with this application to Prudential by means of Direct Debit Instruction.
3. We will ensure that contributions are paid to Prudential before the 19th of each month following deductions, if any, from the employee's pay (to meet the legislative "contribution monitoring" rules).
4. These agreements shall cease to operate if the employee leaves our employment or on such earlier date as we may decide. In either case, we will write to Prudential and the individual accordingly.

Signed for and on behalf of the employer

Date

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

### Part 11 – Notes for completing Direct Debiting Instruction below

- This guarantee is offered by all banks and building societies.
- If your employer is to contribute or pay contributions on your behalf, a Direct Debit Instruction should be completed by your employer and drawn on the employer's account for each employee.
- If there is an existing Direct Debit in force, the Direct Debit Instruction should not be completed. Increases in contributions must be payable under the existing Direct Debit Instructions.

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

Please complete Parts 1 to 4 to instruct your Bank to make payments directly from your account.

1. Name of account holder (BLOCK CAPITALS PLEASE)

2. Bank Sorting Code Bank Account Number



3. Name and address of bank (BLOCK CAPITALS PLEASE)

To: The Manager



Prudential  
Lancing BN15 8GB

#### For Prudential Assurance Company Ltd Official Use Only

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

Reference

Service User Number

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

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

Signature(s)

Date

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

Banks may decline to accept instructions to pay Direct Debits from some types of accounts.

## The Direct Debit Guarantee



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 Assurance Company Ltd will notify you at least 5 working days in advance of your account being debited or as otherwise agreed. If you request Prudential Assurance Company Ltd 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 Assurance Company Ltd 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 Assurance Company Ltd asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society.



You should ignore this section if the investor already has a Premier plan – as your previous routing instructions will be followed.

*(Note: the Investor must always get the original certificate even where this is initially sent via someone else.)*

- ☐ Investor
- ☐ You
- ☐ Special

- ☐ Investor
- ☐ You
- ☐ Special destination\*

D	D	M	M	Y	Y	Y	Y
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Cheque Acknowledgement Number 

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Cheque Amount	£
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SD agreed by

PFR	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
M	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

CCC	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
EC	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

SCC

AM

AC Yes ☐ No ☐