

# Declaration of health

## Notes to help you

We need this form completed so that we can assess your health and also so we can obtain a General Practitioner's (GP) Report. This and the health information you provide in this form may help us to give you an estimate of the amount of discount that could apply to the gift you make, for inheritance tax (IHT) purposes.

Before completing this form, the applicant must read the Privacy Notice in section D page 10. The Privacy Notice explains how we use your personal data and why we are collecting it.

The personal information you provide is being collected for the purpose of entering into a contract and to discharge our legal responsibilities. Failure to provide the requested information will result in the application not being processed.

If you have any questions about this form, or would like any other help, please telephone us on: **0808 234 2200**, 8.30am to 6.00pm, Monday to Friday.

We might record your call for training and quality purposes.

Please return all pages to:

**Prudential International Assurance**  
**PO Box 13395**  
**Chelmsford**  
**CM99 2GH.**

This form is divided into sections. **Notes** are provided at the end of each section to help you to complete the section.

## Section A – Underwriting

There are two options available for you to choose. Please tick one box only. See over for further information.

Interim underwriting:

☐

We will assess your health based on the information provided in this form, and provide you with an interim decision. Please complete all questions. We will also request a GP Report once you have completed and returned a product application form.

General Practitioner's Report:

☐

We will assess your health based on the information provided below and in the GP Report. Please ensure all questions are fully completed, to help avoid any delay in the assessment process. **We will only request a GP Report once we have a product application form.**

## Section B – The Trust Fund

### Details of the investment

Name of the first (or only) settlor

Address of the first (or only) settlor

Postcode

Name of the second settlor (if applicable)

Address of the first (or only) settlor

Postcode

## Section B – The Trust Fund – continued

Type of investment plan

Application from date

D	D	M	M	Y	Y	Y	Y
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Investment amount (£)

Regular withdrawal amount (£)

Please enter the amount of each payment

Frequency

Monthly

☐

Quarterly

☐

Termly<sup>1</sup>

☐

Half yearly

☐

Yearly

☐

You must enter the same amount of withdrawal and frequency of payment as you enter in the Discounted Gift Trust Declaration Form.

### Notes

<sup>1</sup> You cannot make termly withdrawals from Prudential International Investment Bond.

## Section C – Health information

### Interim underwriting selected

When we receive this form, our underwriters will assess the information you have provided and we will also request a GP Report as long as we have a completed product application form.

Once we have assessed the information provided in this form, we will, where possible, send you confirmation of our underwriting decision, and an estimate of any discount which may apply to your gift.

**Please note that this will be an interim decision and interim estimate of the discount.**

Once we have received the GP Report we will assess this and provide final confirmation of our underwriting decision and estimate of any discount.

**Please note that the final decision, and estimate of the discount, may differ from our interim decision and estimate of the discount, depending on the information provided here and in the GP Report.**

It is possible to start the bond and place it in trust once you have received notification of the interim decision and discount. Alternatively you can wait until you have received the final notification.

Regardless of when the bond is set up and when the trust is established, the calculation of any IHT liability should be based on the final estimate of the discount.

### General Practitioner's Report

If you have selected the GP Report, we will assess your health based on this and provide you with final confirmation of our underwriting decision and estimate of any discount.

If our underwriters are unable to offer terms, no inheritance tax discount will apply. This will not, however, impact your bond and the product benefits it offers.

### Important information for customers

Please ensure that the following answers are true and complete.

It is important that the answers you give are full and accurate and are completed by you. If you are in any doubt whether to provide details, please include the information. Any changes in material facts, such as a change to any of the information given in the answers to the health questions, between completion of this form and your plan starting, must be notified to Prudential.

If you would prefer, you may complete the 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.

You do not need to tell us about the result of any genetic test you have had. You must, however, tell us, if you have symptoms or a family history of genetic disease. We will take account of a negative test if you choose to disclose this.

## Section C – Health information – continued

### First (or only) settlor:

1. What is your height and weight?

Height

Weight

2. What is your date of birth?

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

3. Have you smoked or used any tobacco products in the past 12 months?

Yes

☐

No

☐

If Yes, please provide details of daily amounts:

Cigarettes	
Cigars	
Pipe	
Tobacco	
Nicotine replacement products	

4. (i) What is your average weekly consumption of alcohol in units?<sup>2</sup>

(ii) Have you ever been advised to reduce your alcohol consumption?

Yes

☐

No

☐

If Yes, please provide details:

5. (i) Have you **ever tested positive**<sup>3</sup> for HIV, Hepatitis B or C or are you waiting for the results of such a test?

Yes

☐

No

☐

If Yes, please give full details, including nature and date of test:

6. Have you ever had (or been diagnosed with) any of the following:

(i) cancer, leukaemia, Hodgkin's disease, lymphoma, brain or spinal tumour?

Yes

☐

No

☐

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

Yes

☐

No

☐

(iii) stroke or transient ischaemic attacks, brain haemorrhage or permanent brain injury through accident?

Yes

☐

No

☐

(iv) multiple sclerosis, optic neuritis, epilepsy, paralysis, muscular dystrophy, Parkinson's disease, dementia, Alzheimer's, cerebral palsy, motor neurone disease or any other disorders of the central nervous system?

Yes

☐

No

☐

(v) disease or disorder of the blood vessels – including circulation problems in the legs?

Yes

☐

No

☐

(vi) diabetes or sugar in the urine?

Yes

☐

No

☐

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

Yes

☐

No

☐

### Notes

<sup>2</sup> 1 unit = 1 single pub measure spirits/small (125ml) glass of wine or 1/2 pint of standard strength beer, lager or cider.

<sup>3</sup> 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.

## Section C – Health information – continued

7. In the last five years have you had any of the following?

- |        |   |     |                          |    |                          |
|--------|---|-----|--------------------------|----|--------------------------|
| (i)    | chest pain, irregular heart beat, raised blood pressure or raised cholesterol?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (ii)   | numbness, tremor, tingling, facial pain, visual disturbance including blurred or double vision, dizziness, chronic fatigue or tiredness?              | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (iii)  | seizure, fits, fainting or blackouts?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (iv)   | any disorder of the digestive system, liver, stomach, pancreas or bowel – including gastric or duodenal ulcer, hepatitis, colitis or Crohn's disease? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (v)    | any disorder of the kidneys, bladder or prostate – including blood or protein in the urine; or urinary tract infections?                              | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (vi)   | blood disorder or anaemia?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (vii)  | any disorder of the respiratory system – including asthma, bronchitis or emphysema?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (viii) | any form of mental illness including anxiety, depression, stress, nervous breakdown or eating disorders?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

8. In the last five years have you:

- |       |   |     |                          |    |                          |
|-------|---|-----|--------------------------|----|--------------------------|
| (i)   | undergone or been advised to have any investigation, x-ray, scan or blood test for any condition not already mentioned?           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (ii)  | received any form of medical attention, including any surgical procedures at a hospital, for any condition not already mentioned? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (iii) | had the need for residential care or domestic assistance?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

9. 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	<input type="checkbox"/>	No	<input type="checkbox"/>
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10. Are you currently taking prescribed drugs, medicines, tablets or any other form of treatment for any condition not already mentioned?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If you have answered Yes to questions 6, 7, 8, 9, or 10 please provide details in the table on the following page.

11. Please provide full details of your usual doctor's name, address and telephone number. A report will be requested from your doctor.

Name

Address

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

Telephone number

Email address

How long have you been with this doctor?

Years

Months

## Section C – Health information – continued

Details of condition	Date of diagnosis	Treatment details	Results of any investigation	Current situation

## Section C – Health information – continued

### Second settlor:

1. What is your height and weight?

Height

Weight

2. What is your date of birth?

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

3. Have you smoked or used any tobacco products in the past 12 months?

Yes

☐

No

☐

If Yes, please provide details of daily amounts:

Cigarettes	
Cigars	
Pipe	
Tobacco	
Nicotine replacement products	

4. (i) What is your average weekly consumption of alcohol in units?<sup>4</sup>

(ii) Have you ever been advised to reduce your alcohol consumption?

Yes

☐

No

☐

If Yes, please provide details:

5. (i) Have you **ever tested positive**<sup>5</sup> for HIV, Hepatitis B or C or are you waiting for the results of such a test?

Yes

☐

No

☐

If Yes, please give full details, including nature and date of test:

6. Have you ever had (or been diagnosed with) any of the following:

(i) cancer, leukaemia, Hodgkin's disease, lymphoma, brain or spinal tumour?

Yes

☐

No

☐

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

Yes

☐

No

☐

(iii) stroke or transient ischaemic attacks, brain haemorrhage or permanent brain injury through accident?

Yes

☐

No

☐

(iv) multiple sclerosis, optic neuritis, epilepsy, paralysis, muscular dystrophy, Parkinson's disease, dementia, Alzheimer's, cerebral palsy, motor neurone disease or any other disorders of the central nervous system?

Yes

☐

No

☐

(v) disease or disorder of the blood vessels – including circulation problems in the legs?

Yes

☐

No

☐

(vi) diabetes or sugar in the urine?

Yes

☐

No

☐

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

Yes

☐

No

☐

### Notes

<sup>4</sup> 1 unit = 1 single pub measure spirits/small (125ml) glass of wine or 1/2 pint of standard strength beer, lager or cider.

<sup>5</sup> 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.

## Section C – Health information – continued

7. In the last five years have you had any of the following?

- |        |   |     |                          |    |                          |
|--------|---|-----|--------------------------|----|--------------------------|
| (i)    | chest pain, irregular heart beat, raised blood pressure or raised cholesterol?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (ii)   | numbness, tremor, tingling, facial pain, visual disturbance including blurred or double vision, dizziness, chronic fatigue or tiredness?              | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (iii)  | seizure, fits, fainting or blackouts?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (iv)   | any disorder of the digestive system, liver, stomach, pancreas or bowel – including gastric or duodenal ulcer, hepatitis, colitis or Crohn's disease? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (v)    | any disorder of the kidneys, bladder or prostate – including blood or protein in the urine; or urinary tract infections?                              | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (vi)   | blood disorder or anaemia?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (vii)  | any disorder of the respiratory system – including asthma, bronchitis or emphysema?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (viii) | any form of mental illness including anxiety, depression, stress, nervous breakdown or eating disorders?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

8. In the last five years have you:

- |       |   |     |                          |    |                          |
|-------|---|-----|--------------------------|----|--------------------------|
| (i)   | undergone or been advised to have any investigation, x-ray, scan or blood test for any condition not already mentioned?           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (ii)  | received any form of medical attention, including any surgical procedures at a hospital, for any condition not already mentioned? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (iii) | had the need for residential care or domestic assistance?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

9. 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	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

10. Are you currently taking prescribed drugs, medicines, tablets or any other form of treatment for any condition not already mentioned?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------

If you have answered Yes to questions 6, 7, 8, 9, or 10 please provide details in the table on the following page.

11. Please provide full details of your usual doctor's name, address and telephone number. A report will be requested from your doctor.

Name

Address

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

Telephone number

Email address

How long have you been with this doctor?

Years

Months

## Section C – Health information – continued

Details of condition	Date of diagnosis	Treatment details	Results of any investigation	Current situation



## Section D – Declaration, finalisation authority and consent

**Your statutory rights under the Access to Medical Reports Act, 1988 and the Access to Personal Files and Medical Reports (NI) Order 1991.**

This Act/Order gives you additional rights as a consumer. It means you have greater control over the use of your personal medical records.

### Important notes

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 need to establish whether we can provide an estimate of any discount that may apply to the gift being made, for inheritance tax purposes, based on an assessment of your current state(s) of health. To do this we need to get medical reports. 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 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; or
- 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; or
- predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from.

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 the Chief Medical Officer, Prudential International, Fitzwilliam Court, Leeson Cl, Dublin 2, D02 TC95.

### Declaration – confirmation by each trust settlor

This form should be read and the Declaration signed by the person(s) who is/are creating the Discounted Gift Trust relating to the plan identified in Section B.

- I/We confirm that:
  - a) The information given in this form is true and complete to the best of my/our knowledge and belief.
  - b) The information given in this form coincides with that declared in my/our application form.
  - c) I/We understand that no money or other property shall be added to the trust fund while the settlor is alive (or while either of the settlors is alive, if there are two settlors).
  - d) I/We understand that I/we cannot change the amount and frequency of regular withdrawals that I/we have set out in the Discounted Gift Trust Declaration Form.

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

- 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 authorise you to send a copy of my medical report(s) to my personal representatives (or UK HM Revenue & Customs) for valuation purposes during or after my lifetime.
- I authorise the giving of such information subject to these rights during or after my lifetime.
- I agree that a copy of this consent will have the validity of the original.

### PRIVACY NOTICE

#### How we use your personal information

We, Prudential International Assurance Plc (PIA), take the privacy and protection of your personal information seriously. PIA will operate as the data controller in respect of the data we collect about you.

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 Group\* 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.

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'll use your personal information if we consider it is in our legitimate business interests so that we can operate as an efficient and effective business and ensure that our policyholders are appropriately protected. We use your personal information:

- to detect and prevent financial crime
- for marketing purposes, including profiling
- to obtain reinsurance for the policies we underwrite
- identifying customers that require additional support
- market research, data analytics including profiling, staff training and provision of on-line services
- for management information purposes including risk assessments, performance and management reporting.

Where we rely on legitimate interests, we will always balance this against your rights and freedoms. Where your rights override our legitimate interests we will cease to process personal data.

In addition, we M&G plc and our Marketing Partners\*\*\*, may use the personal information you provide to us, together with other information, to send you direct marketing offers by electronic or non-electronic means including by post, where you have consented for us to do so. Please see Part G for further details.

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

We are the data controller in respect of the personal information we collect about you and in this capacity we will share your personal information within M&G plc, with our Business Partners and with our Marketing 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 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, but only where appropriate safeguards have been put in place first. In more limited circumstances, we may also need to rely on a derogation under applicable privacy laws.

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

We'll keep your personal information while you're one of our policyholders (including joint policyholders), and for seven years from cessation, or longer if we need to by law. 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, we will only process such data as provided by your consent.

### 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). We shall respond as soon as reasonably possible and within one month of the date of receiving your request;
- 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 you have given for the processing of your personal information (including consents to automated decision making);

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

- 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 PIA. PIA has also appointed a Data Protection Officer who can be reached at the details shown in the '**Contact Us**' section of this document.

We may monitor or record calls or any other communication we have with you. This will 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 data privacy 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 provided in the '**Contact Us**' section before sending us anything.

### Part G – Direct marketing

From time to time, we, M&G plc, our Business Partners and our Marketing Partners may like to contact you by electronic or non-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 UK as they operate their own customer databases.

And if you change your mind, and/or you would like to opt-out of receiving direct marketing, it's easy to let us know. Just contact us at the details noted in the '**Contact Us**' section.

### 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: Data Protection Officer  
Prudential International  
Fitzwilliam Court  
Leeson Cl  
Dublin 2  
D02 TC95

Call us on: +353 1 476 5000

- \* *M&G plc Group means any directly or indirectly connected companies of PIA within M&G plc Group (including but not limited to The Prudential Assurance Company Limited, Prudential Distribution Limited, Prudential Pensions Limited, and M&G Wealth Advice Limited, Prudential Services Limited, 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.*

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

### Signatories – to be signed by each trust settlor

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

I do want to see the report before it is sent to the company (first settlor).

☐

I do not want to see the report before it is sent to the company (first settlor).

☐

I do want to see the report before it is sent to the company (second settlor if applicable).

☐

I do not want to see the report before it is sent to the company (second settlor if applicable).

☐

### First (or only) trust settlor

Name

Signature

Date

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

### Second trust settlor (if applicable)

Name

Signature

Date

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

## Section E – Financial adviser details

Financial adviser name

Address

	Postcode

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