

# Discounted Gift Trust declaration of health

## How to fill out this form

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

Any corrections must be initialled.

Please do not use correction fluid as this will invalidate your application.

## About this form

We need you to complete this form 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.

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

We might record your call for training and quality purposes.

**Please send the completed form to Prudential International, Stirling FK9 4UE.**

## Section A – underwriting

### Why is underwriting required?

We need to see a GP's Report and carry out underwriting before we can give a final estimate of the discount. One of the factors in determining the discount, and hence the value transferred for inheritance tax purposes, is the life expectancy of the settlor. The HMRC statement on this is as follows:

*"The open-market based valuation method requires that evidence of the settlor's health exists at the transfer date that is sufficient for the settlor's life to be underwritten to the standards required for whole of life assurance. If no evidence of health has been obtained at the outset, HMRC take the view that a discount is not justified unless medical evidence sufficient to underwrite the settlor's life to the standards required for whole of life assurance was already in existence and can be produced, should it be necessary to quantify the gift at a later date."*

There are two options for you to choose from. **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.

OR:

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 General Practitioner's 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

  
  

Name of the second settlor (if applicable)

Address of the second settlor (if applicable)

  
  

Type of Prudential Onshore Portfolio Bond

Application form date

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

Investment amount (£)

Regular Withdrawal Amount (£)

Frequency:

monthly     bimonthly     quarterly     termly     half yearly     yearly

Please tick one box only

## 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.

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.**

### General Practitioner's Report selected

If you have selected the GP Report only, we will assess your health based on this alone 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 alter the product benefits that the bond 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 don't need to tell us about the result of any genetic test you have had. You must 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	<input type="text"/>
Cigars	<input type="text"/>
Pipe	<input type="text"/>
Tobacco	<input type="text"/>
Nicotine Replacement Products	<input type="text"/>

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

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

Yes  No

If Yes, please provide details:

5. Have you **ever tested positive** 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

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

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.

## Section C – health information– continued

7. In the last 5 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 5 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  No
10. Are you currently taking prescribed drugs, medicines, tablets or any other form of treatment for any condition not already mentioned?
- Yes  No

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

  
  

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?

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	<input type="text"/>
Cigars	<input type="text"/>
Pipe	<input type="text"/>
Tobacco	<input type="text"/>
Nicotine Replacement Products	<input type="text"/>

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

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

Yes  No

If Yes, please provide details:

5. Have you **ever tested positive** 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

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

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.

## Section C – health information– continued

7. In the last 5 years have you had any of the following?
- (i) chest pain, irregular heart beat, raised blood pressure or raised cholesterol? Yes  No
  - (ii) numbness, tremor, tingling, facial pain, visual disturbance including blurred or double vision, dizziness, chronic fatigue or tiredness? Yes  No
  - (iii) seizure, fits, fainting or blackouts? Yes  No
  - (iv) any disorder of the digestive system, liver, stomach, pancreas or bowel – including gastric or duodenal ulcer, hepatitis, colitis or Crohn's disease? Yes  No
  - (v) any disorder of the kidneys, bladder or prostate – including blood or protein in the urine; or urinary tract infections? Yes  No
  - (vi) blood disorder or anaemia? Yes  No
  - (vii) any disorder of the respiratory system – including asthma, bronchitis or emphysema? Yes  No
  - (viii) any form of mental illness including anxiety, depression, stress, nervous breakdown or eating disorders? Yes  No
8. In the last 5 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  No
  - (ii) received any form of medical attention, including any surgical procedures at a hospital, for any condition not already mentioned? Yes  No
  - (iii) had the need for residential care or domestic assistance? Yes  No
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  No
10. Are you currently taking prescribed drugs, medicines, tablets or any other form of treatment for any condition not already mentioned? Yes  No

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

  
  

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 (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:
    - 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), 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.
- 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.

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, Lancing BN15 8GB.

### Declaration – confirmation by each trust settlor

This form should be read, signed and returned 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.
- I/We agree to you asking any doctor I/we have consulted about my/our physical or mental health to provide medical information so you may assess my/our proposal. You may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that I/we have applied for. I/We authorise those asked to provide medical information when they see a copy of this consent form. This form allows you to gather medical reports within six months of the start of the plan, or after my/our death, to support any claim made on the plan proceeds.
- This information can also be used to maintain management information for business analysis.
- I/We authorise you to send a copy of my/our medical report(s) to my/our personal representatives (or HM Revenue & Customs) for valuation purposes during or after my/our lifetime.
- I/We authorise the giving of such information subject to these rights during or after my/our lifetime.
- I/We agree that a copy of this consent will have validity of the original.

### 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 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 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.

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. Please see Part G for further details. To the extent that we need your consent to use your personal information for these purposes, you explicitly provide your consent 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 European Economic Area. These transfers will only be:

- to countries in respect of which the European Commission has issued a data protection 'adequacy' decision (such as Guernsey, Isle of Man and Jersey),
- to other countries, such as India or the United States of America, where appropriate safeguards have been put in place (such as the European Commission's Model Clauses), or
- where the transfer is necessary to allow us to perform our contractual obligations to you or to perform a contract which is in your interest.

If you want to know more about the above 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 necessary to defend ourselves against legal action. Generally we will continue to hold your information for 30 years after you cease to be our customer. This is in order to manage any potentially long running disputes, in order to provide appropriate compensation to legacy holders of policies which have lapsed or to compensate customers in the event of a tax refund. For further information about our data retention policy, please visit [pru.co.uk/mydata-piarecordretention](https://pru.co.uk/mydata-piarecordretention). (To access this website, all characters must be typed in lowercase format.)

### 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 ticking the relevant boxes/signing the form as appropriate.

### 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 at the latest within 30 days from the date of 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)
- 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 provided in the 'Contact Us' section of this notice before sending us anything.

### Part G – Direct marketing

From time to time, we, M&G plc 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 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  Post

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 of this notice.

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.

### Contact us

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

Call us on: **0800 000 000**

Or visit: **pru.co.uk**

Prudential UK means The Prudential Assurance Company Limited, Prudential Distribution Limited, Prudential Life Time Mortgages Limited, Prudential Pensions Limited, and Prudential Financial Planning Limited as appropriate.

M&G plc means any affiliates of Prudential UK (including, Prudential International Assurance plc, PGDS (UK ONE) Limited, Prudential 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

First (or only) settlor

Second settlor (if applicable)

### 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

Financial Adviser address

  
  

Financial Adviser Financial Conduct Authority registration number

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

Prudential International Assurance plc, UK Branch is registered in the UK as a branch of Prudential International Assurance plc which is authorised by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority and the Prudential Regulation Authority. Details about the extent of our regulation by the Financial Conduct Authority and the Prudential Regulation Authority are available from us on request. The registered address of Prudential International Assurance plc, UK Branch is 3 Sheldon Square, Paddington, London, W2 6PR. Registration No. BR017106. Telephone number 0207 004 4998. If the company should become unable to meet its liabilities, the Financial Services Compensation Scheme will protect eligible policyholders habitually resident in the UK when their contract starts. This protection does not extend to externally-linked investments – for further information please read the Key Features Document which is available on the Prudential website.