

# Premier Group Stakeholder Member application form

YF1

## Some important information before you start

- Thank you for choosing to join your employer's Prudential Group Stakeholder Scheme.
- This form can be used to join a Group Stakeholder Scheme. Please make sure you have the correct form.
- Please return all 16 pages of this form.
- If you are only completing parts 1-6 please sign and date the declaration on page 13.
- If you are completing parts 1-10 you need to sign and date both declarations on pages 13 and 15.
- HM Revenue and Customs require some of the information enclosed in this form. Please ensure the details you provide are correct and completed fully.
- Please read the **Key Features Document** as this will provide you with important information regarding the key risks and benefits of your plan to help you make a decision.
- Please also read your **Fund Guide**, available at [pru.co.uk/funds/guides](http://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.
- If you have any doubt about whether a fact would be important to us in accepting your application, please provide full details.

## Questions about this form?

### Advisers

- in the first instance, get in touch with your usual Prudential contact
- or please call our Adviser Centre on 0808 234 0808

Calls may be monitored or recorded for quality and security purposes.

### Policyholders

- please speak to your Financial Adviser

Our web addresses are [pruadviser.co.uk](http://pruadviser.co.uk) for financial advisers and [pru.co.uk](http://pru.co.uk) for policyholders.

## How to fill in this form

Please use black ink and write in CAPITAL LETTERS or tick  as appropriate. Any corrections must be initialled. Please do not use correction fluid as this will invalidate your application.

If you need more space to give details on any of the questions, please continue on a separate sheet, cross-referring to the section. As you complete the form, please read the notes which are there to help you.

## 1. Your details

Title Mr  Mrs  Miss  Ms  Other

Surname  Full forenames

Date of birth         Sex Male  Female

Permanent residential address   
  
 Postcode

*Include postcode.*

National Insurance number          Daytime telephone number

*Include area code.*

## 1. Your details – continued

The Selected Retirement Age for the scheme will apply unless you tell us that you want a different age to apply.

Selected Retirement Age  Are you a Prudential policyholder? Yes  No

Yearly Earnings  £

Your earnings will allow us to give you more relevant 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 national average 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

*Your Selected Retirement Age must normally be between 55-75 (HM Revenue & Customs normally only allow pension ages earlier than 55 where the member has a protected pension age).*

*\* 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.*

## 2. Your employment

What is your occupation?

Name of scheme

Group Stakeholder

Scheme number (if known)

       **R**    

*For further information please speak to your Financial Adviser.*

## 3. Eligibility details – all applicants

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 married to or in a civil partnership with a Crown Servant? Yes  No

**If the answer is 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.**

## 4. Contributions

What is your Section Number for membership of the scheme?

*Check this with the person who gave you this form. If the scheme is not split into sections please leave blank.*

**Scale contributions may have already been agreed as part of the scheme terms.**

Do you want your contributions based on:

1. Scheme terms  *Please go to part (b) below if contributions are a percentage of earnings. Otherwise go to part (c) then (d).*
2. Scheme terms plus additional contributions  *Please go to part (a) below.*
3. Individual choice  *Please go to part (a) below.*

*Please tick box.*

*You should not tick box 3 unless your employer has already agreed to this.*

**Note:** *The basic rate of tax is 20%.*

### a. Regular contributions

Please show the total contributions amounts before any tax relief.

Payable by You:  % **or** £  per month  
 Your employer:  % **or** £  per month

*Your regular contributions and any employer contributions must both be a percentage or both be a fixed amount.*

*The contribution shown is for retirement funding paid for by your employer. Any Waiver Benefit is extra and HM Revenue & Customs rules do not allow tax relief on the waiver benefit cost.*

**Please go to part (b) below, if contributions are a percentage of earnings. Otherwise go to part (c) then (d).**

*Contributions (and any death benefit) related to Scheme Earnings will be calculated in accordance with the definition of Scheme Earnings agreed with your employer/firm. Death and Waiver Benefits, if applicable, will be reviewed as at the Scheme Review Date set by your employer/firm.*

### b. Scheme Earnings (if contributions are a percentage of Scheme Earnings)

Please show your Scheme Earnings

£

### c. Single contributions

Please show **amounts** before any tax relief.

Payable by You: £   
 Your employer: £

### d. Start date

When do you want to start regular contributions?

Month Year

*Please check this with your employer.*

## 5. Investment of contributions

If you do not complete this section we will invest your contributions in the default investment strategy\*.

Do you want the Scheme Investment Strategy to apply?

Yes  No

If **Yes**, please now complete Part 6.

If **No**, please discuss this with the Scheme Financial Adviser and complete the remainder of this section.

If you don't want the Scheme Investment Strategy, but want a Lifetime Investment Profile (see below), you can either 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 the Scheme Investment Strategy or a Lifetime Investment Profile, please complete the table below to confirm the investment linked fund(s) to be used.

For information on funds and lifestyle options please refer to your fund guide, which is available at [pru.co.uk/funds/guides](http://pru.co.uk/funds/guides)

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

### 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 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.

There may be higher or lower charges and costs for other funds available. For more information on our range of funds please visit [pru.co.uk/funds/guides](http://pru.co.uk/funds/guides)

\* The default investment strategy for Stakeholder is the Lifetime Investment Profile targeting **retirement options**, investing in the Prudential Managed Fund initially.

Your employer will have set up a Scheme Investment Strategy. This does not represent a recommendation on behalf of Prudential. Your adviser will be able to give you information about the Scheme Investment Strategy chosen by your employer.

If your scheme is being used for qualifying purposes under the 'Better Workplace Pensions' initiative, the charges for the Scheme Investment Strategy cannot exceed an equivalent to 0.75% per year on the value of funds under management, excluding transaction costs.

Investment in the With-Profits Fund is not available for the Premier Group Stakeholder Scheme.

Please show the percentage investment split you want for your plan if you do not want the Scheme Investment Strategy.

Fractions of 1% should not be used.

Please make sure your total equals 100%.

Please tick only one box.

## 6. Death benefit beneficiaries

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

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

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

Title    Mr     Mrs     Miss     Ms     Other

Surname     Full forenames

Address   
  
    Postcode

Relationship to you (if any)     Proportion of benefits  %  
 (If not 100%, details of any additional beneficiaries should be attached to this application.)

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

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

## 7. Waiver Benefit

### If you joined the Prudential (SAL) Stakeholder Scheme for the first time on or after 17 January 2005, you cannot apply for Waiver Benefit.

You can apply for Waiver Benefit only if your existing contributions already have Waiver Benefit and you are under age 60 (except for earnings-related increases if waiver applied to your plan before age 60) and there will be at least 5 years between the date of acceptance and your Waiver Benefit cessation date.

#### Regular contributions:

I want to apply for Scheme Waiver Strategy  \*

I want to apply for Waiver Benefit  \*

I **do not** want to apply for any Waiver Benefit  #

\* If you are applying for waiver, please go to Part 8.

# If you do not want to apply for any Waiver Benefit, please go straight to the Declaration – Part 11.

**If your Selected Retirement Age is 60 or below, Waiver Benefit cover will stop on your Selected Retirement Age.**

*Any Waiver Benefit cost will be in addition to the contributions applied for Part 4 and will **not** qualify for pensions income tax relief at source (RAS).*

*Please tick one box.*

*Waiver Benefit cannot be added after the plan has started.*

*The deferred period and waiver cessation date, for additional contributions, will be the same as for your existing contributions.*

## 8. Health details – complete if you are applying for Waiver Benefit

- Please take reasonable care to answer all the questions honestly and to the best of your knowledge. If you do not a claim may be rejected or not fully paid or your policy may be cancelled. Please answer all questions as failure to do so will mean that your application may be delayed as we will have to contact you for the missing answers. Please do not assume that we will contact or obtain a report from your doctor.
- If someone else fills this form in for you (for example, your Financial Adviser), please check that all the details are correct before you sign the declaration. You are responsible for all the answers you or your Financial Adviser provide on this application. If you make a mistake please cross it out, put in the correct word or words and initial next to the correction.
- If you would prefer you may complete the medical questions in private and return the Health Details section direct to our Chief Medical Officer. Please indicate on this form if you have done so.
- It is very important that you tell us if there is a change between completion of this form and your pension starting to any of the information given in parts 8, 9 and 10 or if you change your occupation if you do not, it may mean that a claim in the future will not be paid.

### Genetic testing

- If this application, taken together with any other insurance policies you already have, is for life insurance up to a sum of £500,000 you need not disclose any genetic test you may have had.
- You need not disclose the result of any genetic test undertaken in the context of research.
- Genetic test results need only be disclosed where the sum exceeds £500,000 for life insurance and their use by insurers has been independently approved.
- You may, of course, disclose any genetic test result which is in your favour.
- If you either have a family history of, are receiving treatment or experiencing symptoms of a genetic condition, you must tell us.
- If you wish to disclose to us a negative genetic test result, which shows that you have not inherited a genetic disorder, we will take this into account in setting your premium, providing your clinical geneticist confirms that the test result indicates a reduced risk of developing the inherited disease.

Name of your doctor

Your doctor's address



Postcode

Your doctor's telephone number

Please include area code.

How long has he/she been your doctor?

years

Have you ever been declined (refused cover), deferred or offered non-standard terms for life cover, critical illness or any incapacity benefit?

Yes

No

If Yes, please provide full details (continue on a separate sheet, if necessary).

If **Yes**, please give names of insurance companies.

## 8. Health details – complete if you are applying for Waiver Benefit – continued

Have you in the last 5 years, or do you intend to:

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| i) participate in any sport or pastime which involves any additional risk of accident, such as mountaineering, motor sports, hang-gliding, or underwater activity? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii) live abroad apart from holiday visits?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii) fly, except as a fare-paying passenger on an established public carrier?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

*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 that we will contact or obtain a report from your Doctor.*

Details

Please now proceed to Part 9.

## 9. Simplified acceptance for Waiver Benefit

The Simplified Acceptance Scheme is designed to minimise the information needed to qualify for Waiver Benefit for those who meet certain criteria.

Please complete this section only if you applied for Waiver Benefit in Part 7 and

- you are under age 50 and
- the total contribution will be £3,600 (including tax relief), or less.

If you are age 50 or over, or your contribution will be over £3,600 (including tax relief), please go to Part 10.

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| 1. Have you attended, or been advised to attend, any hospital or clinic for any form of advice, operation, treatment or tests within the last 12 months, or are you subject to regular medical review or receiving any form of medical treatment or attention?             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. During the last three years, have you suffered from any anxiety, depression or any psychiatric disorder or any disorder of the back or joints or, have you ever suffered from any illness or injury which prevented you from working for a period of two weeks or more? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If you answered **No to both** questions, and are under age 50 with contributions of £3,600 (including tax relief) or less, please go to Part 11.

If you answered **Yes to either** question, please go to Part 10.

*For this purpose, "contribution" is the yearly equivalent of current contributions to the Prudential (SAL) Stakeholder and Personal Pension Schemes on your behalf (regular and single contributions) already qualifying for waiver benefit under the Simplified Acceptance Scheme plus the contributions applied for in this form.*

## 10. Your health

Please complete this section only if you have applied for Waiver Benefit and the earlier notes tell you that you should also complete this section or you want to have Waiver Benefit greater than any automatic cover provisions for the scheme.

*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 that we will contact or obtain a report from your Doctor.*

1. What is your height and weight? Height Weight
2. Have you smoked or used any tobacco products in the last 12 months?  
 (includes cigars, cigarettes, pipes and any nicotine replacement therapy etc) Yes  No
3. If you have smoked cigarettes, how many do you smoke per day?
4. What is your average weekly consumption of alcohol in units?  
 (1 unit = 1 measure of spirits/wine or 1/2 pint beer)

For questions 5-9, if you answer **Yes**, please give full details including dates, treatment and periods off work, continuing if necessary on a separate sheet.

5. Are you suffering from any symptoms of illness or are you taking pills, drugs or medicine or have you any physical defect or infirmity? Yes  No

Dates and details

6. In the past five years have you
- i) consulted any doctor? Yes  No
- ii) been prescribed any pills, drugs or medicine? Yes  No
- iii) been off work for two weeks or more due to illness or injury? 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 that we will contact or obtain a report from your Doctor.*

Dates and details



## 10. Your health – continued

7. Have you in the last 5 years consulted a doctor or any other medical professional, or had, or been advised to have, any operation, x-ray, check-up or any other investigation or test or are you intending to do so? (Colds and flu can be disregarded.)

Yes  No

Dates and details

8. 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 **Yes**, please give full details, including the name of condition and date test was carried out.

**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 that we will contact or obtain a report from your Doctor.**

9. Has your father, mother, or any brothers or sisters suffered or died, prior to the age of 65, from cancer, any heart disease or disorder, multiple sclerosis, haemochromatosis, motor neurone disease, Huntington's disease, muscular dystrophy or any other hereditary disease or disorder?

Yes  No

If **Yes**, please complete this table:

Relationship			
Age at onset			
Illness			
Age at death (if applicable)			

## 11. Declaration by investor

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. **New members only:** I apply for membership of the Prudential (SAL) Stakeholder Scheme.

I agree to be bound by its rules. Please treat this form as several applications, each in respect of an arrangement under the scheme.

**All members:** I agree that the Scheme Administrator should agree on the number of arrangements.

2. I declare that:

- 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.
- the terms of this application, any other written statement by me or on my behalf to Prudential, the answers to any additional questions put to me by Prudential's Medical Examiner, together with Prudential's Acceptance, shall form part of any relevant contracts;
- my total contributions to all UK registered pension schemes (schemes that attract tax relief) will not exceed the higher of:
  - i) my Relevant Earnings (broadly UK taxable earnings directly from a trade, or profession or employment) and
  - ii) £3,600, if my Relevant Earnings do not exceed £3,600 (including tax relief);
- 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 understand that:

- 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/ firm's contributions (if any) and I authorise such deductions from my earnings;
- if my employer is contributing to the plan, my employer intends to continue to contribute but may stop at any time and, if this happens, I will be told;
- 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 agreed by my employer as the adviser dealing with the Group Stakeholder Pension Scheme and confirmed in writing to Prudential) provided that Prudential agree the proposed change(s) and that they are allowed in terms of the rules;
- Prudential may alter the terms of my plan if I apply to continue the plan having left the Group Stakeholder Pension Scheme.

4. I consent to:

- Prudential giving my employer/firm 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.
- 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.

## 11. Declaration by investor – continued

### How we use your personal information

We, Prudential UK, may receive your personal information from the trustees of a pension scheme, your employer, or other financial services organisations (known as a Data Provider) and/or direct from you. Regardless of where we obtain such information from, we take the privacy and protection of your personal information seriously. We own the personal information we hold about you and decide what happens to it. This makes us a Data Controller in respect of the personal information. You should note that the Data Provider will also be a data controller in respect of the personal information they hold about you.

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 which we receive from a Data Provider or any other personal information you provide directly to us. For example, this may include 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 for the following purposes:

- the administration of our products and services, including to enable us to perform our obligations under any contracts or policies 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. To the extent that your personal information is provided to us by a Data Provider and we need your consent to use your personal information for the purposes described above, the Data Provider is responsible for providing the consent to us.

### 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.

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

## 11. Declaration by investor – continued

### 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.

### 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, a Data Provider may from time to time provide this to us. In such circumstances the Data Provider is responsible for obtaining any explicit consent necessary for us to process this kind of personal information. Alternatively, if you provide sensitive personal information to us, 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.

As set out at the start of this notice, a Data Provider is also a Data Controller in respect of your personal information and you are likely to have similar rights in respect of the personal information held by a Data Provider.

## 11. Declaration by investor – continued

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

Prudential UK means The Prudential Assurance Company Limited and Prudential Pensions Limited, as appropriate.

M&G plc means any affiliates of Prudential UK (including, Prudential Distribution Limited, Prudential International Assurance plc, PGDS (UK ONE) Limited, Prudential Life Time Mortgages Limited, Prudential Global Services Private Limited, M&G Investments Group, Prudential Financial Planning Limited 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.

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.

### Signature of applicant

### Date

## 11. Declaration by investor – continued

### 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 reassurance principles and details of any company we use to assess your application, from Prudential.

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

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

#### Access to medical reports

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

- You do not need to give your permission, but if you do not, we may not be able to go ahead with your application. This does not prevent you from applying to other companies for insurance.
- You can ask to see the report before the doctor returns it to us. If this is the case, we will tell the doctor to keep the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report to us.
- If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us. We can send a copy of the report to your doctor if you ask to see it at a later date.

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

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

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

#### Your current health:

- Any care, medication or treatment you are currently receiving.
- The results of referrals or tests you are waiting for.
- Any time off work in the last three years.

#### Your past health:

- Details (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, electro-cardiograms (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.

## 11. Declaration by investor – continued

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;
- increasing premiums above standard rates;
- setting premiums at standard rates; or
- setting exclusions or postponing cover.

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: Prudential Chief Medical Officer, 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.

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

**Signature of applicant**

### 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.**

**Prudential as Administrator agrees to administer the Prudential (SAL) Stakeholder Scheme as required by the rules of the scheme.**

**If this application has been pre-filled for you, you should read the answers carefully (to recheck the accuracy) before signing the form.**

**If I have applied for Waiver Benefit, I have read the declaration, important notes and information relating to my rights under the Access to Medical Reports Act/Order.**

**Date**

D	D	M	M	Y	Y	Y	Y
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**For completion by Financial Adviser – Essential information – all sections must be completed**

Please complete this section to show the commission details for any single contribution in this application.

Please note that if this scheme is being used for qualifying purposes under the 'Better Workplace Pensions' initiative, we will not pay commission.

**Flat percentage not Lautro**

	Tick only one box	% to be taken	
a) Initial	<input type="checkbox"/>	<input type="text"/>	%
b) Fund related	<input type="checkbox"/>	<input type="text"/>	%
c) Mixed initial/Fund related	<input type="checkbox"/>	Initial <input type="text"/> %	Fund related <input type="text"/> %
d) Nil commission	<input type="checkbox"/>		

Your Prudential Company Representative Number (if applicable)

e.g. 1 2 3 4 5 X

Your FCA number (Registered Individuals) R.I. number

e.g. A B C 1 2 3 4 5 or

Registered Individual's forename

and

Registered Individual's surname

Was advice given? Yes  No

**For Prudential use only**

Cheque acknowledgement number

Date stamp

Cheque amount £

SD agreed by

**Advice given**

PFR	Yes <input type="checkbox"/>	No <input type="checkbox"/>	CCC	Yes <input type="checkbox"/>	No <input type="checkbox"/>	SCC	<input type="text"/>
EO	Yes <input type="checkbox"/>	No <input type="checkbox"/>	EC	Yes <input type="checkbox"/>	No <input type="checkbox"/>	AM	<input type="text"/>
M	Yes <input type="checkbox"/>	No <input type="checkbox"/>	AC	Yes <input type="checkbox"/>	No <input type="checkbox"/>	AOI	<input type="text"/>