PRUDENTIAL

PRUDENTIAL INVESTMENT PLAN

APPLICATION FORM

ABOUT THIS FORM

Please use **BLACK INK** and write in CAPITAL LETTERS or tick ✔ as appropriate.

Any corrections must be initialled by the applicant. Please do not use correction fluid as your application will be returned.

Please return all 16 pages of this form in the enclosed envelope.

If you require your plan to be taken out on the life of someone else please complete Section 8E or 8F if the investment is to be made by the trustees of an existing trust, or a new Prudential Loan Trust.

If this application is to be submitted online, please ensure that you complete the General Declaration at the back of this form and return it in the envelope provided.

Notes to help you

- If you have any questions when completing this application please speak to your financial adviser.
- For more information please see the Key Features document you received with this application form.
- Section 1 should be completed by the person(s) to be covered and on whose life/lives the plan depends. (The plan will become a claim on their death.)
- The minimum age of each person to be covered is 3 months and for a single life they must be aged under 80.
- If a plan is to be on two lives, one person must be aged under 80.
- Section 2 and the rest of the form should be completed by the applicant(s), who will become the policy owner(s) and must be aged at least 18.
- Please note that when a plan is jointly owned and one owner dies, ownership of the whole plan automatically passes to the surviving owner.
- When joint applicants do not have the same address all future correspondence will be sent to the address of the first named applicant.

Adviser Notes

Please ensure you complete the Adviser Checklist on page 14.

continued overleaf

SECTION 1 – PERSONAL DETAILS OF THE PERSON(S) TO BE COVERED

Part A – Personal details of first person to be covered

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Surname

Forename(s)

Address

Postcode

Telephone number

E-mail address

NOT MANDATORY

Date of Birth D D M M Y Y Y Y

Male ☐ Female ☐

Part B – Personal details of second person to be covered, if applicable

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Surname

Forename(s)

Address

Postcode

Telephone number

E-mail address

NOT MANDATORY

Date of Birth D D M M Y Y Y Y

Male ☐ Female ☐

The death benefit for joint life plans will only be payable when both persons covered by the plan have died.

SECTION 2 – DETAILS OF YOUR INVESTMENT

Note: The maximum investment (including any top-up payments) is £500,000. This limit applies to both the plan and each owner. Any growth on your plan is not subject to this limit; it only applies to the amount of your single payment and any top-up payments. We may accept larger investments in certain circumstances. If appropriate, your Financial Adviser can enquire on your behalf. Please see the Key Features you received with this application for full details.

I/We wish to invest £ (Minimum investment £10,000)

How to pay – you may pay by cheque or a transfer made from your bank. If the cheque is not drawn on your personal account, we may ask you to prove that the money belongs to you. You can also use our Share Exchange facility to exchange some or all of your existing shares for an investment in the Prudential Investment Plan.

Your financial adviser may be able to send your application to us on a secure 'adviser only' website. In these circumstances, we also welcome payment by debit card (for example, Maestro).

continued overleaf

SECTION 3 – WHERE YOU WISH TO INVEST YOUR MONEY

Part A – Build your own portfolio

Notes: The processing of unit-linked investments that are large relative to the size of the fund may be delayed.

* Please note the Prudential Protected Funds are not guaranteed. In extreme circumstances the protection could be reduced or even removed.

Minimum investment in each fund is £500. You can invest in up to 10 funds at any time. If you are investing in any of the Distribution Income Funds, the maximum number of funds you can select is nine as the Prudential Distribution Cash Fund is automatically added to your selection. You cannot invest directly into the Prudential Distribution Cash Fund. For more information on the funds refer to the fund guide (reference INVB10493) you received with this application. Total investment in the Prudential Investment Plan must be £10,000 or more.

Aberdeen American Growth	%
Aberdeen Japan Growth	%
Aberdeen Managed Portfolio	%
Aberdeen UK Growth	%
Artemis European Growth	%
AXA Framlington UK Select Opportunities	%
Baillie Gifford American	%
Cash	%
Cautious Managed Growth	%
Cautious UK Managed	%
Corporate Bond	%
Equity	%
Equity Income	%
Ethical	%
European	%
European Tracker	%
Fixed Interest	%
International	%
Invesco Perpetual Corporate Bond	%
Invesco Perpetual Income	%
Invesco Perpetual Managed	%
Invesco Perpetual UK Growth	%
Japanese	%
Managed	%
Managed Defensive	%
M&G American	%
M&G Balanced	%
M&G Cautious Managed Portfolio	%
M&G Corporate Bond	%
M&G Gilt and Fixed Interest Income	%
M&G Global Basics	%
M&G Global Leaders	%
M&G Growth Portfolio	%
M&G High Yield Corporate Bond	%
M&G Managed Growth	%
M&G Recovery	%
M&G Strategic Corporate Bond	%
M&G UK Growth	%
M&G UK Select	%
New Star European Growth	%
Newton Balanced	%
Newton Continental European	%
Newton Higher Income	%
Newton International Growth	%
Newton Managed	%
Newton Oriental	%
North American	%
Old Mutual Japanese	%
Pacific Markets (ex.Japan)	%
Property	%
Small Companies	%
Strategic Growth	%
UK 70% Protected*	%
UK 80% Protected*	%
UK Tracker	%
With-Profits (Optimum Bonus)	%
With-Profits (Optimum Return)	%

Distribution Income Funds

Corporate Bond (Inc)	%
Equity Income (Inc)	%
Fixed Interest (Inc)	%
High-Yield Managed Distribution	%
Invesco Perpetual Income (Inc)	%
Managed Distribution	%
M&G High Yield Corporate Bond (Inc)	%
Newton Higher Income (Inc)	%
Property (Inc)	%
Total	**100%**

continued overleaf

SECTION 3 – WHERE YOU WISH TO INVEST YOUR MONEY – CONTINUED

Part B – Risk-graded portfolios

Note: These risk-graded portfolios have been classified by Prudential – they should not be viewed as generic descriptions across the fund management industry. The risk rating applies to the entire portfolio and not to the individual funds within them. These classifications may change in the future.

Choice of ready made portfolios – Minimum portfolio investment £10,000

Cautious Portfolio

Counts as 4 fund choices if selected.

(20% M&G Gilt and Fixed Interest Income Fund, 40% M&G Corporate Bond Fund, 15% M&G High Yield Corporate Bond Fund, 25% Prudential Property Fund) %

Balanced Portfolio

Counts as 5 fund choices if selected.

(35% M&G Corporate Bond Fund, 15% M&G High Yield Corporate Bond Fund,15% Newton International Growth Fund, 20% Prudential Equity Fund, 15% Invesco Perpetual Income Fund) %

Medium Risk Portfolio

Counts as 6 fund choices if selected.

(10% M&G Corporate Bond Fund, 15% M&G High Yield Corporate Bond Fund, 25% Newton International Growth Fund, 15% Prudential Equity Fund, 20% Invesco Perpetual Income Fund, 15% Newton Higher Income Fund) %

Adventurous Portfolio

Counts as 6 fund choices if selected.

(25% Newton International Growth Fund, 15% Prudential International Fund, 15% Prudential Equity Fund, 20% Invesco Perpetual Income Fund, 15% Newton Higher Income Fund, 10% AXA Framlington UK Select Opportunities Fund) %

SECTION 4 – TAKING A REGULAR WITHDRAWAL

Note: Only complete this section if you wish to take a regular withdrawal. If you **DO NOT** wish to take regular withdrawals go to Section 5. Any withdrawal taken will reduce the value of your plan. If withdrawals are more than any overall growth achieved the value of your Prudential Investment Plan will reduce below the level of original capital invested.

Part A – The Amount

Note: Payments will be made direct to your bank or building society. Please make sure that your account is able to receive direct credit payments.

The following withdrawal limits apply:

- Minimum payment is £50 (except under the Regular Bonus as Income or Natural Income options).
- When regular withdrawals start or change, the amount requested during any 12 month period cannot exceed the greater of 5% of the full value of your plan or 5% of the total amount you paid in, **except** where you opt to receive Natural Income on your Distribution Income Funds or Regular Bonus as Income on your With-Profits Funds. Withdrawals of more than 5% from the With-Profits Funds may be liable to a Market Value Reduction.
- Withdrawals are taken equally from all the policies in the plan.
- If your investment is in both With-Profits Fund options, the Regular Bonus as Income option will be taken from both Fund Options unless you specify otherwise in Part C.

continued overleaf

I/We wish to receive £ ______ each year

OR ______ % of my/our initial investment each year

OR ______ % of the value of my/our plan each year

please tick box

OR The Regular Bonus as Income Option (With-Profits only*) ☐

OR Natural Income (Distribution Income Funds only) ☐

OR Natural Income capped at 5% of total investment** (Distribution Income Funds only) ☐

Part B – Frequency of Payments

Every Month ☐ Every 3 Months ☐ Every 4 Months*** ☐ Every 6 Months ☐ Every 12 Months*** ☐

Date you wish to start taking regular withdrawals (this must be at least 30 days after the start of your plan and after the next distribution date.)* D D M M Y Y Y Y

Note: Regular withdrawal payments will usually reach your account within five working days of the date you have chosen.

* The earliest payment under the With-Profits Regular Bonus as Income option will be the first scheduled payment date based on the frequency selected in Part B, e.g. if payments are required every three months, the earliest payment will be three months from acceptance of this application.

** Total investment is the total amount of capital that you have invested.

*** Not available to Distribution Income Funds investors taking Natural Income.

Part C – Only complete if you wish to specify from which Funds the regular withdrawals are taken

Note: Regular withdrawal amounts will be deducted from all your chosen funds unless otherwise specified. If you wish the amount to be taken from selected funds please specify the name of the fund(s) below. For investors in the Distribution Income funds taking Natural Income, this option is not available. Full details are available in the Key Features document.

Fund Name

1.

2.

3.

4.

Part D – Bank/Building Society Details

Name of your bank or building society

Address

Postcode

Sort code ☐☐ – ☐☐ – ☐☐

Account Number ☐☐☐☐☐☐☐☐

Roll Number (if applicable)

Account Name

 continued overleaf

SECTION 5 – OPTIONAL FEATURES

Note: You can choose either the Programmed Switching Facility or the Automatic Rebalancing Facility but not both.

Part A – Programmed Switching Facility

Note: Complete this section if you require Programmed Switching. Minimum investment in the 'nominated fund' is £10,000.

I/We wish to apply Programmed Switching to the investment Yes ☐

Insert percentage or fraction of units to be switched each month from the "nominated fund" or enter cash amount to be switched.

% OR 1/ of the original units allocated should be switched each month over

months

OR

Fixed cash sum of £ should be switched each month over

months

The Programmed Switching facility must operate for between 3 and 24 months from the start of the plan.

The "nominated fund" is CASH. If you wish to choose a different "nominated fund" state the required fund (but not Distribution Income Funds, Distribution Cash Fund, Property or With-Profits Funds) in the box below.

Nominated Fund

Name of Fund(s) to receive the switched amount (excludes the With-Profits Funds)	Percentage
1.	%
2.	%
3.	%
4.	%
Total	100%

Part B – Automatic Rebalancing Facility

Note: Complete this section if you wish to automatically rebalance your investment.

If you are invested in our Protected Funds and choose Automatic Rebalancing, your investment may be switched out of a Protected Fund into one which offers no protection.

Please note this facility may only be applied to unit-linked funds (excludes With-Profits funds and Prudential Distribution Cash Fund).

I/We wish to automatically rebalance the investment to the original investment allocations at the end of each plan year. Yes ☐

SECTION 6 – RETURN OF PREMIUM DEATH BENEFIT

Tick here if you wish to select this option. Please see the Key Features document for full details. Yes ☐

continued overleaf

SECTION 7 – DETAILS OF THE APPLICANT

In the revised Joint Money Laundering Steering Group guidance, this product has been categorised as "increased risk". We are therefore required to gather additional information (enhanced due diligence) on the customer. Please answer all the questions below. Where there are joint applicants, please give details of both.

First Applicant

Occupation/Nature of business (trustees should simply enter Trustee)

Annual earnings (including income from any pensions)/ Net annual turnover (not applicable to existing trustees)

Source of funds for this investment

(eg a UK bank account)

Source of wealth (not applicable to corporate or trustee applicants)

Second Applicant

Occupation/Nature of business (trustees should simply enter Trustee)

Annual earnings (including income from any pensions)/ Net annual turnover (not applicable to existing trustees)

Source of funds for this investment

(eg a UK bank account)

Source of wealth (not applicable to corporate or trustee applicants)

(Origin of funds for this investment eg saved from salary, inheritance, property sale, divorce settlement)

continued overleaf

SECTION 8 – DECLARATION

PLEASE COMPLETE ONE ONLY OF SECTION 8 PART B TO PART F AS APPROPRIATE.

This Application should be read and signed by the person(s) who will own the plan.

You must be aged 18 or over to be the owner of the plan.

Please make cheques payable to: **The Prudential Assurance Company Limited.**

All bank/building society 'counter' cheques **must** include reference to the name of the account from which the funds have been withdrawn. For example, "The Prudential Assurance Company Ltd – Re: Your name". An incorrectly completed cheque may require us to return your application which could affect the initial purchase price of your investment.

Part A – Declaration

HOW WE USE YOUR PERSONAL DATA

The Prudential Assurance Company Limited, its group companies* and its business partners will use your information together with other information for administration, credit decisions, customer services, marketing and profiling your purchasing preferences. We will pass your information to them (including our service providers and agents) for these purposes. If you are a joint applicant, we will also pass your information to the other joint applicant.

For certain products, we may search the files of credit reference agencies that will record any credit searches on your file. This is to help us make credit decisions about you, to prevent fraud, to check your identity and to prevent money laundering. We may disclose details of how you conduct your account to such agencies. The information will be used by other credit grantors for making credit decisions about you and the people with whom you are financially associated, for fraud prevention, money-laundering prevention and occasionally for tracing debtors. This information may be used to recheck these purposes. We will pass your information to any legal or regulatory body if required to do so.

For certain products, we will need to process sensitive personal data such as health data. It may also be necessary, for the above purposes, to transfer your information to countries that provide a different level of data protection from the UK. In such circumstances, we will put a contract in place to ensure your information is protected. By completing and submitting this form, you consent to us processing your sensitive data and to the processing mentioned above.

You have a right to obtain a copy of your personal information (for which we may charge a fee) and to have any inaccuracies corrected by writing to: The Information Risk & Privacy Team, The Prudential Assurance Company Ltd, 3 Sheldon Square, London, W2 6PR. To make sure we follow your instructions correctly and to improve our service to you through training of our staff, we may monitor or record communications.

ACTING ON SOMEONE'S BEHALF?

When giving us information about another person, you confirm that they have appointed you to act on their behalf. This includes providing consent to:

- the processing of their personal and sensitive data
- receive any data protection notices on their behalf
- receive marketing information as indicated.

We would like to keep you updated with information on our products and services. To do this we would like to contact you by telephone, e-mail or text. If you would not like to be contacted, please tick this box. ☐

* Prudential Assurance Company Limited is part of the Prudential group of companies which at the time of printing includes Prudential UK & Europe, the M&G Investments Group, Prudential Corporation Asia, Jackson National Life and PPM America Inc (indirect wholly owned subsidiary).

A copy of the Prudential Investment Plan terms and conditions and the completed application form are available on request.

Trusts

Note: If you are applying under parts 8 B, C or D and wish to make a gift into trust (with the trust coming into existence at the moment the policy is issued) a suitable trust request form needs to be completed by the applicant(s) and attached to the application form. Standard forms are available from Prudential or your Financial Adviser. Trustees of an existing trust or a new Prudential Loan Trust should apply under Part 8F.

Part B – Single Applicant (owner) on own life

I make the application for a policy(ies) of life assurance on my life and request that the policy(ies) be issued to me and any amount payable under the policy(ies) be paid to me or my executors or administrators.

I have read and understood the declaration

Signature

✗

Date signed

D D M M Y Y Y Y

continued overleaf

Part C – Single Applicant (owner) on own life and another

I make the application for a policy(ies) of life assurance on the two persons to be covered and request that the policy(ies) be issued to me and any amounts payable under the policy(ies) be paid to me or my executors or administrators.

State relationship between Applicant and other Person to be Covered e.g. spouse/co-habiting partner/family member/civil partner (Trustees of existing trusts must use Part 8F).

Relationship

Name of Applicant

I have read and understood the declaration on page 8.

Signature

✗

Date signed

D D M M Y Y Y Y

Part D – Joint Applicants (owners) on own lives

We make the application for a policy(ies) of life assurance on our two lives to be assured and request that the policy(ies) be issued to us and any amounts payable under the policy(ies) be paid to us, the survivor of us, or the executors or administrators of the last to die.

State relationship between Applicants e.g. spouse/co-habiting partner/family member/civil partner (Trustees of existing trusts must use Part 8F).

Relationship

We have read and understood the declaration on page 8.

Signature

✗

Date signed

D D M M Y Y Y Y

Signature

✗

Date signed

D D M M Y Y Y Y

 continued overleaf

SECTION 8 – DECLARATION – CONTINUED

Part E – Life of another

(i) Single/Joint Applicant(s) (owner(s)) on single/joint life of the person(s) to be covered

I/We make the application for a policy(ies) of life assurance on the life/lives of the person(s) to be covered and request that the policy(ies) be issued to me/us and any amounts payable under the policy(ies)

- be paid to me or my executors or administrators.

  or (for Joint Applicants)
- be paid to us, the survivor of us, or the executors or administrators of the last to die.

State relationship between Applicant(s) and 1st and 2nd Person(s) to be Covered*

Applicant's Title Mr Mrs Miss Ms Other

Applicant's Full Name

Address

Postcode

2nd Applicant's Title Mr Mrs Miss Ms Other

2nd Applicant's Full Name

2nd Applicant's Address

Postcode

I/We have read and understood the declaration on page 8.

1st Applicant's Signature

✗

Date signed

D D M M Y Y Y Y

2nd Applicant's Signature

✗

Date signed

D D M M Y Y Y Y

* e.g. spouse/co-habiting partner/family member/civil partner (Trustees of existing trusts must use Part 8F).

 continued overleaf

SECTION 8 – DECLARATION – CONTINUED

(ii) UK company/organisation as Applicant (owner) on single/joint life of the person(s) to be covered

Note: Where the plan is to be owned by a UK registered company, the company's name and address is required and either two directors or a director and company secretary must sign, stating their position (occupation) and names in full. The taxation of a plan held by a company is not the same as that for an individual(s). Particular advice from the company's advisers must be taken before making such an investment.

We are authorised to make an application on behalf of the company/organisation detailed below for a policy(ies) on the life/lives of the person(s) to be covered and request that the policy(ies) be issued to the company/organisation and any amount payable under the policy(ies) be paid to the company/organisation.

State relationship between company/organisation and person(s) to be covered e.g. Director/Key Person

Full Name of Company/Organisation

UK Registered Address

Postcode

Position in Company/Organisation

I/We have read and understood the declaration on page 8.

Signature

✗

Date signed

D D M M Y Y Y Y

Title Mr Mrs Miss Ms Other

Print Full Name

Position in Company/Organisation

Signature

✗

Date signed

D D M M Y Y Y Y

Title Mr Mrs Miss Ms Other

Print Full Name

Position in Company/Organisation

continued overleaf

SECTION 8 – DECLARATION – CONTINUED

Part F – Applications by trustees of existing trusts and new Prudential Loan Trusts

Notes: We will **not accept** applications from trusts or trustees (or any similar arrangements/persons) not resident in the UK, the Channel Islands or the Isle of Man.

All trustees of an existing trust must sign and complete this section.

I/We make this application for a policy(ies) of life assurance on the person(s) to be covered. I/We request that the policy(ies) be issued to me/us as trustees, resident in the UK, Channel Islands or Isle of Man, of a UK, Channel Islands or Isle of Man resident Trust,

Trust Deed dated D D M M Y Y Y Y

and any amounts payable under the policy(ies) be paid to us or other trustees for the time being of the trust. The trustees confirm that they have sufficient powers of investment for the purpose of effecting the proposed policy(ies) as an asset of the Trust Fund.

Title Mr Mrs Miss Ms Other

Full name

Address

Postcode

I/We have read and understood the declaration on page 8.

Signature

✗

Date signed D D M M Y Y Y Y

Title Mr Mrs Miss Ms Other

Full name

Address

Postcode

Signature

✗

Date signed D D M M Y Y Y Y

Title Mr Mrs Miss Ms Other

Full name

Address

Postcode

Signature

✗

Date signed D D M M Y Y Y Y

If your application is part of **Prudential's Loan Trust**, please give the date of birth of the Donor.

Date of birth of Donor D D M M Y Y Y Y

Please make cheques payable to: **The Prudential Assurance Company Limited.**

All bank/building society 'counter' cheques **must** include reference to the name of the account from which the funds have been withdrawn. For example, "The Prudential Assurance Company Ltd – Re: Your name". An incorrectly completed cheque may require us to return your application which could have an adverse affect on the initial purchase price of your investment.

continued overleaf

CONFIRMATION OF VERIFICATION OF IDENTITY – PRIVATE INDIVIDUAL
INTRODUCTION BY AN FSA-REGULATED FIRM

1. DETAILS OF INDIVIDUAL

Full name of Customer

Current address

Postcode

Previous address if individual has changed address in the last three months

Postcode

Date of Birth D D M M Y Y Y Y

2. CONFIRMATION

I/we confirm that

a) the information in section 1 above was obtained by me/us in relation to the customer;

b) the evidence I/we have obtained to verify the identity of the customer:

(tick one only)

meets the standard evidence set out within the guidance for the UK Financial Sector issued by the Joint Money Laundering Steering Group ☐

OR

exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation) ☐

Signature

✗

Name

Position

Date D D M M Y Y Y Y

3. DETAILS OF INTRODUCING FIRM (OR SOLE TRADER)

Full name of Regulated Firm (or Sole Trader):

FSA Reference Number:

Explanatory notes

1. A separate confirmation must be completed for each customer (e.g. joint holders, trustee cases and joint life cases). Where a 3rd party is involved, e.g. a payer of contributions who is different from the customer, the identity of that person must also be verified, and a confirmation provided.
2. This form cannot be used to verify the identity of any customer that falls into one of the following categories:
   - those who are exempt from verification as being an existing customer of the introducing firm prior to the introduction of the requirement for such verification;
   - those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering Regulations; or
   - those whose identity has been verified using the source of funds as evidence.
3. This confirmation must carry an original signature, or an electronic equivalent.

Please ensure you complete the Adviser Checklist on page 14.

continued overleaf

ADVISER CHECKLIST – TO BE COMPLETED BY FINANCIAL ADVISER

FINANCIAL ADVISER Note – To help us process the application accurately, please tick the relevant box and complete ALL the details below:

Have you attached a copy of the relevant illustration? Yes ☐ No ☐

If this is not available, insert illustration reference number here and please ensure you complete the commission details below

Name of Registered Individual

Prudential Agent Number (eg. 012345)

Was advice given? (We cannot process this application unless this question has been answered.) Yes ☐ No ☐

COMMISSION TERMS PLEASE READ CAREFULLY

You have the flexibility to arrange commission terms to meet your clients needs.

This will affect the charges your client pays on the plan.

The **Maximum** Equivalent Initial Commission **(EIC) = 8%**

For example

1% Initial Commission = 1% EIC

1% Trail Commission = 5% EIC

This means that Trail Commission should be converted on a 1:5 basis to get the Equivalent Initial Commission.

A **combination of Initial and Trail** Commission **is allowable** up to a combined **maximum EIC of 8%**

HOW DO YOU WISH TO RECEIVE YOUR COMMISSION?

Please remember to complete both sections if choosing a combination of Initial and Trail Commission

Initial Commission % or £ Enter percentage or amount. The amount (together with trail commission) must not exceed 8% EIC. If you enter a percentage amount it must be to 2 decimal places.

You **must** tick ✔ one of the following boxes if Initial Commission selected

☐ Initial Commission **paid for by Initial Charge** (no early cash in charges will apply)

☐ Initial Commission **paid for by Establishment Charge** over 5 years (early cash in charges will apply for 5 years)

Trail Commission % The percentage amount should be to 2 decimal places.

Trail Commission **paid for by monthly deductions from Fund Value** (no early cash in charges)

Nil Commission ☐ tick box ✔ if Nil Commission required

continued overleaf

PRUDENTIAL

ONLINE SUBMISSION DECLARATION

This form must be completed where the application is being submitted online. Please then detach it and return it with the client's cheque in the envelope provided

Declaration Reference No.		Financial Adviser Case Reference No.	
Financial Adviser Reference Date	D D M M Y Y Y Y	Date	D D M M Time H H M M
The Company	Prudential	Space for Financial Adviser Stamp	
The Product	Prudential Investment Plan		

This Declaration has been completed as part of my application for the Prudential Investment Plan. I have been supplied with a Key Features Document, and have read and understood the notes in that document relating to my application.

I understand that the information I supply may be used for the purposes of administering the contract by the company, reinsurers, and third parties that provide services to Prudential or my Financial Adviser. I agree that my rights under the Data Protection Act regarding direct marketing have been explained to me.

I agree that such information may be disclosed in confidence to regulatory bodies, insurance companies, and other group companies in connection with the investigation or prevention of fraudulent claims.

I understand that when this Declaration is complete, it will be posted to Prudential along with other relevant documents.

Terms of contract

1. I agree that the contract between me and Prudential for the provision of the Prudential Investment Plan will be governed by the terms of the following documents.
   a. Key Features document;
   b. This Declaration Notice;
   c. The Confirmation Schedule and,
   d. The Policy Conditions as amended from time to time.
2 I have supplied the information necessary to submit this application to Prudential through my Financial Adviser. I understand that Prudential will prepare a record of this information, known as the Confirmation Schedule, and send a copy to the First Applicant so that I can check its accuracy and completeness. I will have a period of 14 days from the date of posting of that copy to check this information and advise Prudential of any errors or omissions, otherwise it will be deemed to be correct.
3. Prudential will write to tell the First Applicant either directly or via their financial adviser when the policy is in force and the premium has been invested. On commencement of the contract the First Applicant will receive a Cancellation Notice, which gives the right to cancel the contract within 30 days if any applicant wishes. I understand that if I cancel the contract within the cancellation period, I may get back less than I invested.
4. I/We confirm that the funds for this application have not come from a full or partial withdrawal from a Prudential or Prudential International investment in the last 12 months. If this information is subsequently found to be incorrect, Prudential reserve the right to cancel your plan at any time. If this happens, Prudential will return your initial investment less any income or withdrawals taken.

Any person covered by this Declaration may request confirmation of their own recorded details on request.

Signature(s)

FIRST APPLICANT

Full Name (Block Capitals)

Signed ✗   **Date** D D M M Y Y Y Y

OTHER APPLICANTS

Full Name (Block Capitals)

Signed ✗   **Date** D D M M Y Y Y Y

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