

HOME PURCHASER PLAN BY EXERCISE OF OPTION

APPLICATION FORM

ABOUT 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.

Please help us by filling in the application form fully and accurately. Failure to disclose any facts which would be likely to influence Prudential's assessment or acceptance of this application may lead to the cancellation of the contract. If you have any doubt about whether a fact would be important to us in accepting your application, please provide full details. You must notify Prudential if any of your answers change between completion of the application and the start of the plan.

Thank you for choosing Prudential's Home Purchaser. We hope you will find this form easy to complete. The notes below will help you.

If your Home Purchaser is to be in joint names, please complete the "First or Only Life" and "Second Life" sections.

If you need more space to give details on any of the questions, please continue on a separate sheet, cross referring to the section and question number.

As you complete the form please read the margin notes which are relevant to particular questions. Please also read the notes on page 18 of the form

SECTION A – ABOUT YOU AND YOUR PLAN

Page 2 – 5

This section should be completed fully by all lives assured.

SECTION B – PLAN OPTIONS

Page 6

Applicants should complete this section to indicate any options they would like to be included in their new Home Purchaser Plan.

SECTION C – option BEING exercised in existing plan

Page 7

This is to be completed to indicate what type of option is being exercised.

SECTION D – HEALTH

Page 9

This section should be completed by lives assured who requested options in Section B – Plan Options if the policy containing the option being exercised does not include these options.

If this application, taken together with any other insurance policies you already have, is for life insurance up to a sum of £500,000 or critical illness up to £300,000, 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 either £500,000 for life insurance or £300,000 for critical illness 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 experiencing symptoms of, or are having treatment for, a genetic condition, you must tell us.

Further information is available on request which fully explains this policy and details those genetic tests approved for use by insurers.

Also this section should be completed by all lives assured who have chosen Critical Illness Cover and/or Mortgage Interest Benefit if the policy containing the option being exercised does not include these options on the relevant life.

SECTION E – DECLARATION, FINALISATION AUTHORITY AND CONSENT

Pages 20, 21 & 22

All applicants must sign and date the declaration.

DIRECT DEBIT INSTRUCTION

Page 21

All applicants must complete the Direct Debit Instruction.

FOR COMPLETION BY A FINANCIAL ADVISER

Page 23

This section must be completed only by a Financial Adviser.



FAILURE TO DISCLOSE RELEVANT INFORMATION WILL RESULT IN NON PAYMENT OF A CLAIM.

If joint life assurance for male and female, please complete the male's details first.

We will write to you at the address given for the first or only life, or the applicant if different, until you notify us in writing of your new address

SECTION A1 – YOUR DETAILS

Mr Mrs Miss Ms

Other

Surname

First name(s)

Current Address

 Postcode

Date of Birth

Marital status

Telephone (Home)

E-mail address (not essential/mandatory)

Occupation

Business/Industry

Mr Mrs Miss Ms

Other

Surname

First name(s)

Current Address

 Postcode

Date of Birth

Marital status

Telephone (Home)

E-mail address (not essential/mandatory)

Occupation

Business/Industry

1. Does your occupation involve any form of manual or physical activity (including, but not limited to, lifting and carrying or the need to work on your feet for long periods)?

Yes No

Yes No

If Yes, please detail the main manual or physical tasks you do, starting with the task you do the most and specify the percentage of your day spent doing this task.

Task	% of day
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %

Task	% of day
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %

2. Does your occupation involve any work at heights over 40 feet or driving more than 18,000 miles each year?

Yes No

Yes No

If Yes, please give full details i.e. maximum height at which you work, annual mileage etc



FAILURE TO DISCLOSE RELEVANT INFORMATION WILL RESULT IN NON PAYMENT OF A CLAIM.

SECTION A1 – YOUR DETAILS – CONTINUED

FIRST (OR ONLY) LIFE ASSURED

SECOND LIFE ASSURED (IF APPLICABLE)

3. Does your occupation involve working any form of machinery or tools

Yes No

Yes No

If Yes, please give full details i.e. Type of machinery/tools and % of day spent using machinery/tools

4. 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 motor sports, mountaineering or underwater activities?

Yes No

Yes No

(ii) Travel or reside abroad (apart from holiday visits)?

Yes No

Yes No

(iii) Fly except as a fare-paying passenger on an established public service or take part in aviation-related sports?

Yes No

Yes No

If Yes to (i), (ii) or (iii), please provide full details

5. (i) Have you smoked or used any tobacco products in the past 12 months?

Yes No

Yes No

If Yes, please provide details of daily amounts:

Cigarettes

Cigars

Pipe

Tobacco

Nicotine Replacement Products

Cigarettes

Cigars

Pipe

Tobacco

Nicotine Replacement Products

(Includes cigarettes, cigars, pipe, loose tobacco and any nicotine replacement therapy)



/ carry out random tests to confirm the non-smoker status.

FAILURE TO DISCLOSE RELEVANT INFORMATION WILL RESULT IN NON PAYMENT OF A CLAIM.

SECTION A1 – YOUR DETAILS – CONTINUED

FIRST (OR ONLY) LIFE ASSURED

SECOND LIFE ASSURED (IF APPLICABLE)

6. Name, address and telephone number of your usual Doctor

Full name

Full name

Current Address

Current Address

Telephone number

Telephone number

How long has he/she been your Doctor?

 years

How long has he/she been your Doctor?

 years

Please disclose all relevant information as you should not assume that we will obtain a report from your Doctor.

SECTION A2 – ABOUT YOU

FIRST (OR ONLY) LIFE ASSURED

SECOND LIFE ASSURED (IF APPLICABLE)

1. Have you ever been declined (refused cover), deferred or offered non-standard terms for Life Cover, Critical Illness or any Incapacity Benefit?

Yes No

Yes No

If Yes please give names of Insurance Companies

2. Do you already have any Life contracts with Scottish Amicable or Prudential?

Yes No

Yes No

Contract numbers

3. Do you have any Critical Illness insurance cover with any other companies?

Yes No

Yes No

Total sum assured

If Yes, please state the total sum assured you are covered for.



Basic Life Cover should normally be for the amount that will meet the requirements of your lender, subject to a minimum of £10,000.

The assumed rate of return is used to set the basic premium required to repay your Basic Life Cover, on the assumptions shown in your illustration. You should check with your lender that your assumed rate is acceptable. The total premium must be a minimum of £40 per month, or £400 per annum.

Please enter the percentage split for your investment. It must total 100%. You cannot invest in more than six funds at any time. You cannot switch to or from the With-Profits Fund.

Please contact your Financial Adviser if you require details of these, and our other available funds.

SECTION A – ABOUT YOU AND YOUR PLAN – CONTINUED

PART 2 – ABOUT YOUR PLAN

1. How much Basic Life Cover do you require? £ Term years

Premiums will be payable MONTHLY by direct debit unless 'yearly' is entered here.

2. Premium Options

LEVEL PREMIUMS
throughout Plan term

OR

LOW START PREMIUMS

For first 5 years,
premiums increase by

20% p.a.

OR

10% p.a.

3. Assumed Yearly Rate of Return

This will be set at 6% unless specified differently here.

% (0% – 8%)

4. Fund Selection (fractions of 1% should not be used)

Prudential (Previously Scottish Amicable) Funds			
With Profits	%	Other selection:	
Managed Funds			%
Managed	%		%
Newton Managed	%		%
Invesco Perpetual Managed	%		%
Managed Tracker	%		%
Total	%	+	Total %

= 100%



SECTION B – PLAN OPTIONS

Choose the options you would like to be included in your new Home Purchaser Plan by ticking or completing the boxes. Details of the plan options can be found in your original plan documentation. If you do not require any options, go to Section C – Option Being Exercised in Existing Plan.

This option is not available on the Low Start Home Purchaser.

Please read Important Note 1 on page 18.

1. Additional Investment (please complete **one** box if required)

Investment Step-up with premiums increasing by 10% p.a. for 5 years.

OR

Amount of Additional Regular Investment.

2. Critical Illness Cover (please tick box if required)

3. Critical Illness Cover for existing plans (please complete if required)

If you also want any existing mortgage plans to be covered for Critical Illness, please indicate the Type of Cover and the total amount of existing loans.

Type of Cover Required (please tick **one** box)

Level

Decreasing

Amount

The additional cost is shown on your illustration and is calculated on the basic premium and any additional premiums depending on the options you have chosen.

For Joint Life applications, the same Deferred Period will apply to both lives.

4. Waiver of Premium Benefit (please complete this section if required)

Please indicate to which life/lives assured Waiver of Premium Benefit is to apply.

First or only Life

Second Life

Both Lives

Deferred Period (please tick one box)

3 months

6 months

12 months

5. Mortgage Interest Benefit (please complete this section if required)

If you wish to have Mortgage Interest Benefit, you must also have chosen Waiver of Premium Benefit in 4. above.

Please read Important Note 2 on page 18.

Please indicate to which life/lives assured Mortgage Interest Benefit is to apply. (please tick **one** box)

First or only Life

Second Life

Both Lives

6. Mortgage Interest Benefit for existing plans (please complete if required)

This benefit will have the same Deferred Period as Waiver of Premium Benefit.

If you also want any existing mortgage plans to be covered for Mortgage Interest Benefit, please enter the total amount of the existing loans.

Amount



SECTION C – OPTION BEING EXERCISED IN EXISTING PLAN

PART 1 – CONVERTING TERM ASSURANCE

To be completed by the proposer (or trustees if applicable) under the policy containing the option being exercised.

I request that of the Term Assurance convertible under

Policy Number be converted to the assurance

indicated above, the balance if any being: continued

OR

Total amount of loan

discontinued

Signature

Date

Signature

Date

Signature

Date

Signature

Date



SECTION C – OPTION BEING EXERCISED IN EXISTING PLAN – CONTINUED

The amount of your loan or any existing loan and additional loans should equal the total Basic Life Cover under the policy applied for plus any other policies covering the loans.

We would normally expect your loan to have the same term as your policy.

Please give full details.

PART 2 – MORTGAGE ALTERATION OPTION

Only to be completed by lives assured exercising mortgage alteration options.

Mortgage Alteration Option under policy number to be exercised.

The details given below are in respect of

a new loan Amount of new loan £

OR

an additional loan Amount of additional loan £

Term of Loan years If an additional loan, total amount of loan £

New Account No. Name of Lender

Purpose of loan

Please now answer the following questions.

Is the new/additional loan on your main residence? Yes No

Will the assurance applied for be required in connection with the new/additional loan? Yes No

Will the total cover provided under the policy applied for, the policy under which the option is being exercised and any other policies covering the existing loan be equal to or less than the amount of the new loan or the total of any continuing and additional loans? Yes No

If the assurance applied for is on two lives, are both lives party to the new/additional loan? Yes No

NOTE: If the answer to any of these questions is NO the assurance applied for is not available in terms of the option.

If you have not chosen any options from Section B – Plan Options, go to Section E – Declaration Finalisation Authority and Consent on page 20, 21 and 22.

Otherwise, please go to Section D – Health on page 9.



SECTION D – HEALTH

If you do not need to complete this Section, go to Section E – Declaration Finalisation Authority and Consent on page 20, 21 and 22.

This section should be completed if you have chosen one of the following options:-

Critical Illness Cover on existing mortgages, or Mortgage Interest Benefit, or Waiver of Premium Benefit on two lives.

It should also be completed if you have chosen an option and either (or both) of you are not already covered by the option being exercised in the existing plan.

FAILURE TO DISCLOSE RELEVANT INFORMATION WILL RESULT IN NON PAYMENT OF A CLAIM.

FIRST (OR ONLY) LIFE ASSURED

SECOND LIFE ASSURED (IF APPLICABLE)

1. If we require a Medical Examination to complete our underwriting, please indicate if you wish to attend one of our selected examiners or your own GP.

Our Examiner

Own GP

Our Examiner

Own GP

2. What is your height and weight? You should give your exact measurements. If unsure of these please check.

Height

Weight

Height

Weight

QUESTIONS 3 – 9 For 'Yes' answers please give full details including dates, treatment and periods off work in the space provided. If necessary continue on a separate sheet.

3. (i) What is your average consumption of alcohol units per week? (1 unit= 1 single pub measure of spirits/small (125ml) glass of wine or ½ pint of standard strength beer, lager or cider)

- ii) Have you ever been advised to reduce or cut down your alcohol intake or has your alcohol intake ever been significantly higher?

Yes

No

Yes

No

If YES, please provide details.

If YES, please provide details.

- (iii) Have you ever used recreational drugs? This includes cannabis, ecstasy, cocaine, heroin or similar substances.

Yes

No

Yes

No

If YES, please provide details.

If YES, please provide details.



FAILURE TO DISCLOSE RELEVANT INFORMATION WILL RESULT IN NON PAYMENT OF A CLAIM.

SECTION D – HEALTH – CONTINUED

FIRST (OR ONLY) LIFE ASSURED

SECOND LIFE ASSURED (IF APPLICABLE)

4. (i) Have you **ever tested positive** for HIV, 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

Yes No

- (ii) Within the **last five years** have you been exposed to the risk of HIV infection? (This can be caught through unsafe sex, intravenous drug abuse, or blood transfusions or surgery undertaken outside the EU)

Yes No

Yes No

- (iii) Within the **last five years** have you tested positive or been treated for any disease, which was transmitted sexually?

Yes No

Yes No

If YES, please give full details, including nature and date of test, reason for exposure, country involved (if applicable) and/or nature of sexually transmitted disease.

This information may be sent in confidence direct to our Chief Medical Officer, Prudential, Stirling, FK9 4UE.



SECTION D – HEALTH – CONTINUED

5. Do you **currently have** or have you **ever had** any of the following:

i) Cancer, leukaemia, hodgkin's disease, lymphoma, brain or spinal tumour?

Yes No Yes No

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

Yes No Yes No

iii) Stroke or transient ischaemic attacks (mini-stroke); brain haemorrhage or permanent brain injury through accident?

Yes No Yes No

iv) Multiple sclerosis, epilepsy, paralysis, muscular dystrophy, parkinson's disease (or other movement disorders), motor neurone disease, or cerebral palsy?

Yes No Yes No

v) Disease or disorder of the arteries – including disease in the legs, deep vein thrombosis or the aorta?

Yes No Yes No

vi) Diabetes or sugar in the urine?

Yes No Yes No

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

Yes No Yes No



FAILURE TO DISCLOSE RELEVANT INFORMATION WILL RESULT IN NON PAYMENT OF A CLAIM.

SECTION D – HEALTH – CONTINUED

FIRST (OR ONLY) LIFE ASSURED

SECOND LIFE ASSURED (IF APPLICABLE)

If you have answered 'Yes' to any of question 5 , please give the details below.

Disease/Disorders:

Disease/Disorders:

Date of disease/disorders:

Date of disease/disorders:

Treatment:

Treatment:

Results of investigations:

Results of investigations:

Time off work and when:

Time off work and when:

Please continue on a separate sheet if necessary.



**FAILURE TO
DISCLOSE RELEVANT
INFORMATION WILL
RESULT IN NON
PAYMENT OF A
CLAIM.**

SECTION D – HEALTH – CONTINUED

FIRST (OR ONLY) LIFE ASSURED

SECOND LIFE ASSURED (IF APPLICABLE)

6. In the **last 5 years** have you had any of the following:

i) A lump or growth of any kind; or any mole or freckle that has bled, become painful, changed colour or increased in size?

Yes No

Yes No

ii) Chest pain, irregular heart beat, raised blood pressure or raised cholesterol?

Yes No

Yes No

iii) Optic neuritis, numbness, tingling, facial pain, visual disturbance including blurred vision or double vision, dizziness, chronic fatigue or tiredness?

Yes No

Yes No

iv) Seizure, fits, fainting or blackouts?

Yes No

Yes No

v) Any disorder of the digestive system, liver, stomach, pancreas or bowel – including gastric or duodenal ulcer, hepatitis, colitis or chrohn's disease?

Yes No

Yes No

vi) Any disorder of the kidneys, bladder or prostate – including blood or protein in the urine or urinary tract infections?

Yes No

Yes No

vii) Blood disorder or anaemia?

Yes No

Yes No

viii) Any disorder of the adrenal, pituitary or thyroid glands?

Yes No

Yes No

ix) Asthma, bronchitis or any other disorder of the lungs or respiratory system?

Yes No

Yes No

x) Any pain or other disease, disorder or problem relating to your back, neck, joints, bones or muscles including arthritis, slipped disc; rheumatism or gout?

Yes No

Yes No

xi) Any form of mental illness including anxiety, depression, stress, nervous breakdown or eating disorders?

Yes No

Yes No

xii) Disorder of the eyes including blindness or problems with sight – you can ignore sight problems fully corrected by glasses or contact lenses?

Yes No

Yes No

xiii) Disorder of the ears including difficulty hearing?

Yes No

Yes No



SECTION D – HEALTH – CONTINUED

FIRST (OR ONLY) LIFE ASSURED

SECOND LIFE ASSURED (IF APPLICABLE)

xiv) Any gynaecological disorder (including cervical smears) or breast condition for which you have been referred to a specialist or required investigations or treatment?

Yes No

Yes No

xv) Undergone or been advised to have any investigation, x-ray, scan or blood test for any condition not already mentioned?

Yes No

Yes No

xvi) Received any form of medical attention at a hospital as an inpatient or outpatient for any condition not already mentioned?

Yes No

Yes No

xvii) A surgical operation for any condition not already mentioned?

Yes No

Yes No

If you have answered 'Yes' to any of question 6 , please give the details below.

Disease/Disorders:

Disease/Disorders:

Date of disease/disorders:

Date of disease/disorders:

Treatment:

Treatment:



Continue on a separate sheet if necessary.

Please continue on a separate sheet if necessary.

SECTION D – HEALTH – CONTINUED

If you have answered 'Yes' to any of question 6 , please give the details below.

Results of investigations:

Results of investigations:

Time off work and when:

Time off work and when:

Please continue on a separate sheet if necessary.

Please continue on a separate sheet if necessary.

7. In the last 5 years have you been **off work for 2 weeks or more** for any medical condition, illness or injury?

Yes No

Yes No

If YES, please provide details.

If YES, please provide details.



FAILURE TO DISCLOSE RELEVANT INFORMATION WILL RESULT IN NON PAYMENT OF A CLAIM.

SECTION D – HEALTH – CONTINUED

FIRST (OR ONLY) LIFE ASSURED

SECOND LIFE ASSURED (IF APPLICABLE)

8. i) 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

Yes No

If YES, please provide details.

If YES, please provide details.

- ii) Are you currently taking prescribed drugs, medicines, tablets or any other form of treatment for any condition not already mentioned (Oral contraceptives can be disregarded).

Yes No

Yes No

If YES, please provide details.

If YES, please provide details.

9. Before the age of 65, did either of your parents or any brothers or sisters, suffer or die from:

Cancer?

Yes No

Yes No

Heart disease, stroke or diabetes?

Yes No

Yes No

Multiple sclerosis or alzheimers disease?

Yes No

Yes No

Muscular dystrophy, parkinson's disease, motor neurone disease or haemochromatosis?

Yes No

Yes No

Huntington's disease, polycystic kidney disease or polyposis of the colon?

Yes No

Yes No

Any other potentially hereditary disease or disorder?

Yes No

Yes No



SECTION D – HEALTH – CONTINUED

First Life – If Yes, please complete this table.

Relationship			
Illness (if cancer, which part of the body was affected)			
Age at onset			
Current Age			
Age at death (if applicable)			

Second Life – If Yes, please complete this table.

Relationship			
Illness (if cancer, which part of the body was affected)			
Age at onset			
Current Age			
Age at death (if applicable)			

It is **very** important that you tell us if there is a **change** to your answers to any of the questions on this application form between completion of this form and your plan starting (including where you are adding new options to an existing plan). The plan (including any new options) will not take effect until we have assessed and accepted your application and the first or revised premium has been paid.



IMPORTANT NOTES

1. The amount payable on a life assured contracting one of the critical illnesses covered will be the total of your Basic Life Cover and any additional amount payable if existing mortgage plans have been covered for Critical Illness in Section B.
2. Mortgage Interest Benefit (MIB) is paid out provided that the mortgage is still in force at the time of the claim. The amount payable on a claim will be based on the total of the Basic Life Cover and any additional amount payable if existing mortgage plans are covered for MIB in Section B, subject to a maximum amount of 110% of your mortgage at the time. This calculation will also take account of your earnings and other benefits you will receive. The benefit will also be subject to an overall maximum of £6000 per month. The benefits will be calculated using the Halifax Standard Variable Mortgage Rate.
3. Waiver of Premium Benefit and Mortgage Interest Benefit, if chosen, will start after the Deferred Period.
4. Copies of the Rules for Home Purchaser (Third Series) and the completed Application Form are available on request.
5. If anyone else fills in this Application on your behalf, he does so as your agent and not as an agent of Prudential. He does not have the authority to accept this Application on behalf of Prudential.
6. Completion of the Direct Debiting Instruction does NOT imply commencement of Life Assurance risk. Prudential's Letter of Acceptance will indicate when the Assurance will commence.
7. The Direct Debiting Instruction attached is designed to enable you to pay premiums to Prudential with the minimum of inconvenience as and when they fall due. If the amount payable under your Instruction is due to be altered, Prudential will advise you of details of the new amount shortly before your account is due for debiting. Direct Debits under this Instruction will be originated only in respect of premiums payable to Prudential in accordance with the terms of the contracts for which it is drawn.
8. Your plan will be written as 10 separate policies. If your chosen cover does not give an exact number of pounds per separate policy, we will increase it to the nearest divisible figure above the amount you have chosen.
9. 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.
10. 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.
11. We may ask you to contact your doctor if we are waiting for reports which we have asked for.
12. 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.
13. We may need to send your application and relevant medical reports to our reassurers for their opinion or agreement of the terms offered. Or, we may need to send them at a later stage for purposes relating to managing the policy. You can get details of general reinsurance principles and details of any company we use to assess your application, from our head office.
14. 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..



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 of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of:
- Malignancy (cancer), cardiovascular (heart) disease, diabetes, and degenerative (gradually worsening) diseases;
- Musculo-skeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints or muscles;
- Anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue;
- Suicidal thoughts or attempts at suicide; or
- Conditions related to drug or alcohol misuse or smoking or chewing tobacco.
- Details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (tests on urine), x-rays or other investigations.
- Any blood pressure readings in the last three years.
- Any history of disease among your parents or brothers or sisters that you have told your doctor about.

We have asked your doctor not to reveal information about:

- Negative tests for HIV, hepatitis B or C;
- Any sexually-transmitted diseases unless there could be long-term effects on your health; or
- Predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from.

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

- Refusing to provide insurance;
- Increasing premiums above standard rates; or
- setting premiums at standard rates.

If you have any questions about your rights under the act or questions relating to the process of getting, assessing or storing medical information, please write to: Chief Medical Officer, Prudential, Stirling FK9 4UE.

First Life:

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.

Second Life (if applicable):

I do not want to see the report before it is sent to the company.

PLEASE COMPLETE THIS SECTION



I do want to see the report before it is sent to the company.

SECTION E – DECLARATION, FINALISATION AUTHORITY AND CONSENT

DECLARATION

- I agree to you asking any doctor I have consulted about my physical or mental health to provide medical information so you may assess my proposal. You may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that I have applied for. I authorise those asked to provide medical information when they see a copy of this consent form. This form allows you to gather medical reports within six months of the start of the plan, or after my death, to support any claim made on the plan proceeds.
- This information can also be used to maintain management information for business analysis.

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

I/We the Applicant(s) declare that, to the best of my/our knowledge and belief, the information on this form is true and complete and agree that the terms of this Application and Declaration and any statements made by the life or lives to be assured to Prudential 's Medical Examiner together with Prudential 's Letter of Acceptance will be deemed to form part of any resultant contracts.

- I/We authorise my/our Financial Adviser named at the end of the form to act on my/our behalf to amend the sum(s) to be assured or term of the assurance applied for to correspond with any alteration in detail of the mortgage from that set out in this Application and to agree the commencement date of the plan with Prudential.
- **Delete this paragraph only if you do NOT wish your Financial Adviser to act on your behalf to make changes or start the plan.**

I/We the proposed life/lives assured declare that, to the best of my/our knowledge and belief, the information on this form is true and complete.

I/We will inform you immediately of any changes that occur before the plan starts. I/We understand that failure to do so may result in the contract being declared void, and that a claim for the proceeds may not be paid.

I/We consent to Prudential seeking details of the mortgage from the lender.

I am/We are aware that the income benefits I/we receive could affect the amount of any income support/income based Jobseekers Allowance, should I/we be eligible for state help.

I/We declare that we have read and understood the Key Features document.



SECTION E – DECLARATION, FINALISATION AUTHORITY AND CONSENT – CONTINUED

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/s.

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 signing and returning 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.

Marketing Choice

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).

INSTRUCTION TO YOUR BANK TO PAY DIRECT DEBITS


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

1. Name of account holder (BLOCK CAPITALS PLEASE)

2. Bank Sorting Code Bank Account Number

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

To: The Manager



PRUDENTIAL
Stirling FK9 4UE

Originator's Reference
(Prudential use only)

Originator's Identification Number

4. Your instructions to the Bank

- I instruct you to pay Direct Debits from my account at the request of Prudential.
- The amounts are variable and may be debited on various dates.
- I understand that Prudential may change the amounts and dates only after giving me prior notice.
- I will inform the Bank in writing if I wish to cancel this Instruction.
- I understand that if any Direct Debit is paid which breaks the terms of the Instruction, the Bank will make a refund.

Signature(s)

Date

Banks may decline to accept instructions to pay Direct Debits

**SECTION E – DECLARATION, FINALISATION AUTHORITY AND CONSENT
– CONTINUED**

DATA PROTECTION NOTICE – CONTINUED

I/We have read the Information relating to my/our rights under the Access to Medical Reports Act and Data Protection Act, the Declaration, Important Notes and General Information.

Signature of First or Only Life Assured

Name

Signature

Date

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

Signature of Second Life Assured

Name

Signature

Date

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

Signature of Applicant if different

Name

Signature

Date

D	D	M	M	Y	Y	Y	Y
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A copy of the terms and conditions and a copy of the completed application form, are available on request.



FOR COMPLETION BY FINANCIAL ADVISER – ESSENTIAL INFORMATION

– ALL SECTIONS TO BE COMPLETED

1. *FSA Regulatory No OR *Other UK/EU Regulator

Registered Individual's Forename

AND

Registered Individual's Surname

2. Your Agency Details

Your Prudential
Agency Number

OR Agency Name &
Address Stamp

e.g. 1 2 3 4 5 6 X

3. Your Customer Reference Number (if any)

4. Start Date (if known)

 / /

**Your usual routing instructions (for issue of acceptance letter and plan documents) will apply.
If you want to give us different instructions for this case, please complete 5 below.**

5. Routing Instructions (if different from your usual instructions)

Acceptance Letter

- Direct to Investor with copy to you
 Both to you

Plan Documents to:

- Investor
 You
 Special destination*

* Special destination – Name

Address

 Postcode

Use of this address must have been authorised by the Proposer, to maintain client confidentiality.

* Delete as appropriate

For Prudential Use Only

Cheque Acknowledgement Number

Cheque Amount

Date Stamp



PRUDENTIAL

