

SECTION A – PERSONAL DETAILS – CONTINUED

APPLICANT

(last) Occupation

GP's name

GP's Address

Postcode

GP's telephone number

SPOUSE OR CIVIL PARTNER, OR AN ADULT WHO IS FINANCIALLY DEPENDENT (IF APPLICABLE)

(last) Occupation

GP's name

GP's Address

Postcode

GP's telephone number

SECTION B – MEDICAL DETAILS

An annuity may commence on the basis of the medical information you supply. Failure to disclose material facts may result in your annuity being reduced. Material facts are those that an insurer would regard as likely to influence the assessment and acceptance of a proposal.

If you are unsure whether certain facts for your case are material, they should be disclosed.

APPLICANT

1. What is your exact height and weight? (either/or)

ft	ins	st	lbs
cm		kg	

SPOUSE OR CIVIL PARTNER, OR AN ADULT WHO IS FINANCIALLY DEPENDENT (IF APPLICABLE)

ft	ins	st	lbs
cm		kg	

2. Please give details of your past and present smoking habits.
(You may be asked to undergo a test to confirm your smoker status)

Cigarettes		Cigarettes		Cigarettes		Cigarettes	
PAST	per day	PRESENT	per day	PAST	per day	PRESENT	per day
Cigars		Cigars		Cigars		Cigars	
PAST	per day	PRESENT	per day	PAST	per day	PRESENT	per day
Pipe		Pipe		Pipe		Pipe	
PAST	per day	PRESENT	per day	PAST	per day	PRESENT	per day

3. If you have stopped smoking, please state when and for what reason?

SECTION B – MEDICAL DETAILS – CONTINUED

APPLICANT

SPOUSE OR CIVIL PARTNER, OR AN ADULT WHO IS FINANCIALLY DEPENDENT (IF APPLICABLE)

4. Do you drink alcohol? If **yes**, please state weekly consumption of beer, wine and spirits

Yes No

Yes No

5. Do you need any assistance from another person in carrying out normal activities of daily living? If **yes**, please provide full details.

Yes No

Yes No

6. If you have suffered from/are suffering from a serious medical condition (such as any of the following conditions) please indicate by ticking the appropriate box and providing details overleaf for each individual condition.

	APPLICANT	SPOUSE OR CIVIL PARTNER, OR AN ADULT WHO IS FINANCIALLY DEPENDENT
Alzheimers or Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>
Asthma, bronchitis or chest complaint	<input type="checkbox"/>	<input type="checkbox"/>
Cancer or tumour	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Heart condition, chest pains or palpitations	<input type="checkbox"/>	<input type="checkbox"/>
Kidney, bladder or liver disorder	<input type="checkbox"/>	<input type="checkbox"/>
Motor neurone disease	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis or Multiple Sclerosis	<input type="checkbox"/>	<input type="checkbox"/>
Raised cholesterol	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>

If you have suffered from/are suffering from any other condition, or conditions, not mentioned in the list above, please also provide us with details overleaf.

SECTION B – MEDICAL DETAILS – CONTINUED

APPLICANT

SPOUSE OR CIVIL PARTNER, OR AN ADULT WHO IS FINANCIALLY DEPENDENT (IF APPLICABLE)

CONDITION

CONDITION

1. What was the date and actual diagnosis? (if unknown, please state symptoms).
Have any operations been performed?

2. How often do you attend check ups?

3. What treatment was required? (name of tablets, inhalers, injections, steroids, special diet)

4. Is treatment still required? Yes No

- Yes No

5. What parts of the body are/were affected?

6. To what extent are you restricted in normal activities?

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CONDITION

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Have any operations been performed?

2. How often do you attend check ups?

3. What treatment was required? (name of tablets, inhalers, injections, steroids, special diet)

4. Is treatment still required? Yes No

- Yes No

5. What parts of the body are/were affected?

6. To what extent are you restricted in normal activities?

SECTION B – MEDICAL DETAILS – CONTINUED

APPLICANT

SPOUSE OR CIVIL PARTNER, OR AN ADULT WHO IS FINANCIALLY DEPENDENT (IF APPLICABLE)

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5. What parts of the body are/were affected?

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SECTION C – 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;
- musculoskeletal 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 ask 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:

- increasing your annuity above our standard rates; or
- keeping your annuity at our 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

IMPORTANT NOTES

- The annuity will not start until we have assessed and accepted your application, and all the money has been paid. If you have a birthday while your application is being processed, the terms may differ from those originally quoted.
- We are not able to offer an enhanced annuity rate to your spouse or civil partner, or an adult who is financially dependent for any Protected Rights or Guaranteed Annuity Rates within your pension fund.
- We do not offer an enhanced annuity rate on a purchased life annuity.
- We may ask you to contact your doctor if we are waiting for reports which we have asked for.
- 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.
- A copy of your completed application is available on request.

DATA PROTECTION NOTICE

The Prudential Assurance Company Limited, its group companies * and its business partners will use your information together with other information for administration, customer services 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 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 Data Protection Department, 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.

DECLARATION

- I/We agree to you asking any doctor I/we have consulted about my/our physical or mental health to provide medical information so you may assess my/our proposal.
- This information can also be used to maintain management information for business analysis.
- I/We agree that a copy of this consent shall have the validity of the original.
- I/We have read the declaration, important notes and information relating to my/our rights under the Access to Medical Reports Act.

APPLICANT

Signed

Full name (in block capitals)

Date

D	D	M	M	Y	Y	Y	Y
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Please indicate if you want to see the medical report before it is sent to the Prudential.

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

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

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.

MARKETING CHOICE

We would like to keep you up to date with information on our products and services.

To do this, we would like to contact you by telephone, post, E-mail or SMS. 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 December 2005 includes Prudential UK & Europe, the M&G Investments Group, Egg plc, Prudential Corporation Asia, Jackson National Life, and PPM America Inc (indirect wholly owned subsidiary).

SPOUSE OR CIVIL PARTNER, OR AN ADULT WHO IS FINANCIALLY DEPENDENT (IF APPLICABLE)

Signed

Full name (in block capitals)

Date

D	D	M	M	Y	Y	Y	Y
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Please indicate if you want to see the medical report before it is sent to the Prudential.

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

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

PRUDENTIAL

"Prudential" is a trading name of The Prudential Assurance Company Limited, of Prudential Annuities Limited and of Prudential Retirement Income Limited. This name is also used by other companies within the Prudential Group, which between them provide a range of financial products including life assurance, pensions, savings and investment products. The Prudential Assurance Company Limited and Prudential Annuities Limited are registered in England and Wales. Registered Office at Laurence Pountney Hill, London EC4R 0HH. Registered numbers 15454 and 2554213 respectively. Prudential Retirement Income Limited is registered in Scotland. Registered Office at Craigforth, Stirling FK9 4UE. Registered number SCO47842. Authorised and regulated by the Financial Services Authority.