## PRUDENTIAL

## Prudential Money Purchase Plan Scheme Name University Of Warwick - 8333 Employees Application

| Part 1 - Personal details  |  |  |  |
|--|--|--|--|
| Please use BLOCK CAPITALS when filling out this form and, where        | appropriate, please tick boxes.  |  |  |
| Last Name  | Title  |  |  |
|  |  |  |  |
| First Name   | Date of Birth  |  |  |
|  |  |  |  |
| National Insurance Number  | Gender   |  |  |
|  | Male Female  |  |  |
|  |  |  |  |
|  |  |  |  |
| Part 2 - Employment Details  |  |  |  |
| Date joined employer's Service   | Date joined plan   |  |  |
| TENENCE  |  |  |  |
| Pensionable Salary   |  |  |  |
|  |  |  |  |
| 5 5 6  | 0 1 1 5 1 500 6 1 0  |  |  |
| Benefits from other pension schemes?                                   | Contributing to an FSAVC scheme?   |  |  |
| Yes No No  | Yes No   |  |  |
|  |  |  |  |
|  |  |  |  |
| Part 3 - Payments to the Plan  |  |  |  |
| Employer Payments £ Not Applicable or                                  | % of pensionable salary  |  |  |
| Employee Payments £ Not Applicable or                                  | % of pensionable salary  |  |  |
| Employee Payments Little Applicable                                    | 70 Of perisionable salary  |  |  |
| I wish to make AVC £ or  | % of pensionable salary  |  |  |
| payments of:   |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Part 4 - Other Details   | THE RESERVE OF THE PERSON OF T |  |  |
| Have you flexibly accessed your benefits and are now subject to the Mo | ney Yes No   |  |  |
| Purchase Annual Allowance (MPAA) rules?                                |  |  |  |
| If yes, please advise the date you triggered the MPAA rules            |  |  |  |

Further information on the MPAA rules can be found at www.hmrc.gov.uk

| Part 5 - Investment Choices  |                              |                        |  |
|--|------------------------------|------------------------|--|
| Please invest contributions in accordance with the choice  | es shown below               |                        |  |
| Fund   | Employer                     | Employee               | AVC's  |
| With Profits Only  |                              |                        |  |
|  |                              |                        |  |
|  |                              |                        |  |
|  |                              |                        |  |
|  |                              |                        |  |
|  |                              |                        |  |
|  |                              |                        |  |
|  |                              |                        | -  |
|  |                              |                        |  |
| Total:   |                              |                        |  |
| Total.   |                              |                        |  |
| Part 6 - Your Declaration as an Employee   |                              | the start of the       |  |
|  |                              |                        |  |
| I have consented to the deduction of contributions from n  |                              |                        |  |
| I confirm that to the best of my knowledge and belief, the   | _                            |                        |  |
| The Prudential Assurance Company Limited, its group of   |                              |                        |  |
| the Scheme will use your information together with other your purchasing preferences. We will pass your information together with other your purchasing preferences. |                              |                        |  |
| purposes. We will pass your information to any legal or  |                              |                        | and agents) for these                              |
|  |                              |                        |  |
| For certain products, we will need to process your sensiti   |                              |                        |  |
| for the above purposes, to transfer your information to co<br>UK. In such circumstances, we will put a contract in place   |                              |                        |  |
| submitting this form, you consent to us processing your s  |                              |                        |  |
|  |                              |                        |  |
| You have a right to obtain a copy of your personal inform  |                              |                        |  |
| inaccuracies corrected by writing to: The Information Risl Sheldon Square, London, W2 6PR. To make sure we follow  |                              |                        |  |
| through training of our staff, we may monitor or record co   |                              |                        | ,  |
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| Prudential UK & Europe, the M&G Investments Group, P   |                              |                        |  |
| America Inc (indirect wholly owned subsidiary).  |                              |                        |  |
| I consent to information about me being used as describe   | ad ahove                     |                        |  |
| Tooliselle to illioinfation about the being used as describe   | eu above.                    |                        |  |
| Signature  | SALIGAT                      | Date                   |  |
|  |                              |                        |  |
| Part 7 - Employers Declaration   | er en el Majorita de la Casa |                        |  |
| As the employer we have checked the statements on this   | s form and confirm that      | they are correct.      |  |
| Signed for and on behalf of  | Position of Sig              | natory                 |  |
| - G. C.  | . 33,43,7 37 31              | ,y                     |  |
|  | A 1 1 1 1 1 1                |                        | 2777 10, 24, 34, 44, 44, 44, 44, 44, 44, 44, 44, 4 |
| Signature  | Date                         |                        |  |

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