

# Nomination of Beneficiary 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.

## About this form

If you have any questions about this form, you can call us free on **0800 000 000** between 8am and 6pm Monday to Friday.

Please return this form to:

**FREEPOST  
Prudential  
Lancing  
BN15 8GB**

The Prudential is the administrator of the Prudential (SAL) Personal Pension Scheme, the Prudential (M&G) Personal Pension Scheme, the Prudential (SAL) Stakeholder Scheme and the Prudential Pension Scheme. Except for as set out below, Prudential will have discretion on the distribution of the death benefits. Prudential cannot be compelled to follow your wishes for any other circumstances other than those described later (because this could lead to inheritance tax liabilities). However, we want you to tell us the details of how you would want any death payments distributed, so your wishes are clear.

For schemes other than the Prudential Pension Scheme the exceptions referred to where Prudential does not have discretion on the distribution of the death benefits are as follows:

1. Lump sum death benefits already elected as payable to executors, administrators or assignee.
2. The beneficiaries selected to receive the death benefits from any income drawdown plans will be binding on Prudential if a nominee is a dependant, other than through financial interdependency, at the date of your death. Income Drawdown is allowed by the Prudential SAL and M&G Personal Pension Schemes.

It is important that you update your nomination should your circumstances change.

**Please note:** your nominations apply to all plans in the relevant scheme and NOT individual plans, other than the separate nominations which apply to any income drawdown plans. The Prudential Pension Scheme will always retain discretion.

## A – Scheme name

*If you have benefits in more than one of the Personal Pension or Stakeholder Schemes, please complete a separate form for each scheme.*

- |  |                          |
|--|--------------------------|
| Prudential (SAL) Personal Pension Scheme | <input type="checkbox"/> |
| Prudential (M&G) Personal Pension Scheme | <input type="checkbox"/> |
| Prudential (SAL) Stakeholder Scheme      | <input type="checkbox"/> |
| Prudential Pension Scheme                | <input type="checkbox"/> |

## B – Investor’s details

If “Other”, please state title.

Title Mr  Mrs  Miss  Ms  Dr  Other

Surname  Full Forenames

National Insurance No.           Plan number

Plan number is for reference only – nominations apply to all plans in the relevant scheme.

## C – Nomination details

To Prudential: Please

- consider the following as possible recipients of any benefits which are payable at your discretion on my death while a member of the Scheme; and/or
- arrange for payment of any Income Drawdown benefits to the following recipients unless scheme rules dictate otherwise

## C – Nomination details – continued

I understand that, in exercising any discretion, you will not be bound in any way by my wishes, but I would like you to bear them in mind.

If you want to choose additional beneficiaries, please write the details on a separate sheet of paper, and attach it to this form. **Please make sure that the total for all your chosen beneficiaries when added together equals 100%.**

If you want to change these details later, you should write to Prudential, quoting your plan number and the revised information.

### Personal/Stakeholder Pensions

Please show below who you would like to receive your death benefits under any personal/stakeholder pension plans.

Nominee

Contact address

Postcode

Relationship to you (if any)

Proportion of benefits

%

*If not 100%, details of any additional beneficiaries should be attached to this application.*

### Income Drawdown

Please tick this box if you want to use the same nominations as shown for the Personal Pension.

Nominee

Contact address

Postcode

Relationship to you (if any)

Proportion of benefits

%

*If not 100%, details of any additional beneficiaries should be attached to this application.*

This request cancels any I have made previously on this matter. When supplying information relating to other living individuals, I agree that I have the consent of these individuals to supply that information, and for Prudential to process the information.

For a copy of our latest Data Protection Notice, please visit [pru.co.uk/mydata](http://pru.co.uk/mydata). This details how and why we use your personal information (including any sensitive personal information), who we may share it with and your rights around your personal information.

Alternatively, you can request a copy to be sent to you by writing to The Data Protection Officer, Customer Service Centre, Lancing BN15 8GB.

Please note that 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.

Signed

Date

D	D	M	M	Y	Y	Y	Y
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Details of any additional nominations should be included on a separate sheet.

Separate sheet attached.  Please ensure that your plan number is quoted on the separate sheet.

**If you want to alter details at any time in future, you should contact Prudential in writing.**

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

Please tick box.