



New Member Schedule

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

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If you have any questions about this form, please call us on **0800 000 000** between 8am and 6pm Monday to Friday. Calls may be monitored or recorded for quality and security purposes.

Please use a separate form for each participating employer.

Please complete all boxes for every new member of the scheme.

This form is not suitable for any member for whom the scheme investment strategy is not to apply or who wants to pay fixed regular contributions or increase current contributions. Where these options are required please use the Premier Group Money Purchase Pension individual Member Application Form.

Warning: Please ensure the following answers are true and complete. Failure to disclose material facts (i.e. facts likely to influence Prudential's assessment or acceptance of this application) may lead to cancellation of the contract. If there is any doubt whether a fact is material it should be disclosed.

Part 1 – Scheme details

Scheme Name

Scheme Reference Number

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Principal Employer

Employer by whom members are paid (if different)

Part 2 – New members details

Notes

- In box one please insert the member's section number.
- If you have confirmed the member's date of birth please insert Y in box eight.
- Please insert NIL for any boxes not required (boxes 11-14).
- If any member who is to be provided with life cover and has been absent from work due to illness or injury for more than two weeks in the last two months, please insert Y into box 15 and complete part three of this form.
- Employers must have the written agreement of the member to deduct any contributions from the member's earnings. Forms are available from the scheme financial adviser, if required.**

Part 2 – New members details – continued

You can give details for up to nine individual members in this form. If there are more than nine new members, please copy the table below and return the additional details alongside this form.

1. Section No.	2. NI Number	3. Title	4. Surname	5. Full Forenames
6. Gender M/F	7. Date of Birth DD/MM/YY	8. Age admitted Y/N*	9. Scheme Earnings £	10. Start Date for Contributions MM/YY
11. Life Cover Scheme Earnings Multiple*	12. Member's AVC Contribution Rate %*	13. Single Contribution £*	14. Member's AVC Contribution included in 13*	15. Absent from work*

Example

1. 1	2. N N 1 2 3 4 5 6 C	3. MR	4. SMITH	5. JOHN JAMES
6. M	7. 0 1 1 0 5 0	8. Y	9. £25,000	10. 1 2 0 7
11. 4	12. 2.50%	13. £5,000	14. £1,000	15. N

1.	2.	3.	4.	5.
6.	7.	8.	9.	10.
11.	12.	13.	14.	15.

1.	2.	3.	4.	5.
6.	7.	8.	9.	10.
11.	12.	13.	14.	15.

1.	2.	3.	4.	5.
6.	7.	8.	9.	10.
11.	12.	13.	14.	15.

Part 2 – New members details – continued

1.	2.	3.	4.	5.
6.	7.	8.	9.	10.
11.	12.	13.	14.	15.

1.	2.	3.	4.	5.
6.	7.	8.	9.	10.
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1.	2.	3.	4.	5.
6.	7.	8.	9.	10.
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1.	2.	3.	4.	5.
6.	7.	8.	9.	10.
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1.	2.	3.	4.	5.
6.	7.	8.	9.	10.
11.	12.	13.	14.	15.

1.	2.	3.	4.	5.
6.	7.	8.	9.	10.
11.	12.	13.	14.	15.

Number of additional pages attached

** Please see notes at beginning of form*

Part 3 – Absence from work

Please complete details in the section below for any member who is to be provided with life cover and who has been absent from work because of illness or injury for two weeks or more in the last two months.

The members noted below have been absent from work for the period shown and for the reasons given:-

Name	Period of Absence		Reason for Absence
	From	To	

Part 4 – Declaration for completion by trustees

- We agree that the members named in this application should be admitted as members of the scheme.
- We declare that to the best of our knowledge and belief the information given in this application is true and complete and shall along with Prudential's acceptance form part of any resultant contract.
- We agree that all contributions in terms of this application should be invested in accordance with the Scheme Investment Strategy.
- We agree that contributions and life cover, if requested, shall be provided by the method chosen on the employer's application.

Copies of the plan terms, conditions and the completed application form are available on request, please contact your financial adviser.

Signature

X

Date

D	D	M	M	Y	Y	Y	Y
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For and on behalf of the trustees.

For Prudential Use Only

Cheque Acknowledgement Number

Cheque Amount

Date Stamp

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