APPLICATION FORM
FOR THE

PENSION FUNDS
(OPEN FUND) MEMBERS

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PRUDENTIAL

www.pru.co.uk

Prudential" is a trading name of The Prudential Assurance Company Limited. This name is also used by other company Limited is registered in England and Wales.

Name of Scheme		OB	1000/ Life at the aution (tiple land)	
ITB Pension Funds (Open Fund) - PRU AVC Plan		OR	100% Lifestyle option (tick box)	
Scheme Reference Number (Prudential use only)			Your target retirement age is? ensure that the proportions you have indicated	
1. YOUR PERSONAL DETAILS		add up to 100%. If this section is not complete, this application form will be returned to you by the		
Title Mr Mrs Miss Other		ITB Pension Funds Office and investment of your AVCs will be delayed as a result.		
First name(s)		5. IMP	PORTANT NOTICE	
Last name		In applying to join this facility, you should understand		
N. I. number		accept that: a. your employer does not accept responsibility for the		
Date of birth	Y	accuracy of any statements or representations mad in Prudential's literature;		
Gender Male Fer 2. YOUR EMPLOYMENT DETAILS	male	cons	ause individual circumstances vary, you should sider carefully whether contributing to this AVC ity is in your best interests;	
Employer's name and location			tuse the facility is a way of investing money in a	
		to provide pension benefits, those benefits will dep on the contributions paid, the performance of the		
Position			ne contributions paid, the performance of the stments and on interest rates at retirement; and	
			therefore there is no guarantee that any particular of benefit will be available at retirement;	
3. CONTRIBUTIONS		d. you in th	d. you may vary or cease your contributions at any tin in the future but you have no rights conferred under	
I wish to start paying AVCs from?		the Financial Services and Markets Act 2000 and ca therefore cancel your application retrospectively.		
* % of salary per month		6. DE0	CLARATION	
* Please note that the contribution you have specified is gross of income tax and is the full amount which will be credited to your Prudential AVC fund:		I authorise the deductions from my earnings of any level of Additional Voluntary Contributions (AVCs)		
You can pay up to a maximum of 20% of your salary in any one Scheme year (1 April - 31 March) as AVCs.		specified above.		
		I declare that the total of my contributions does not exceed the limits described in Part 3		
If you wish to make a lump sum payment. Please S		DATA	PROTECTION	
£ (Please note the restriction ab	oove)		and its other group companies* will use the personal details and	
4. YOUR INVESTMENT INSTRUCTIONS Please indicate below how you would like your contributions		information you have given on this form (together with any other information for the provision of servicing, administration, risk assessment, fraud prevention and regulatory purposes. We may also need to disclose your information to our other service providers for these purposes and to pass it to		
to be invested. Details of the funds can be found in the	ne AVC		oring employer or HM Revenue & Customs. o note that you have a right to apply for a copy of your personal inform	
fund information table.	Amount		we may charge a fee) and to have any inaccuracies corrected.	
	to be allocated	compani	of Prudential companies varies from time to time. The following ies are included within the Prudential group. This list is not exhaus ial Assurance Company Limited, Prudential Pensions Limited, Prud	
Fund Manager	%	Group P	Pensions Limited, Prudential M&G Asset Management Limited, Pru Pensions Limited, Prudential M&G Asset Management Limited, Pru Polc, M&G Limited, Egg plc.	
Fund Name				
Fund Manager	%		that to the best of my knowledge and belief, the details given on ation form are correct and complete.	
Fund Name		Your sign	nature	
Fund Manager	%			
Fund Name				
Fund Manager	%		Date	
Fund Name		Print full n	name (in block capitals)	
Fund Manager	%	The term	is and conditions relating to this contract, together with a c	
Fund Name		of your c	ompleted application form, are available upon request.	
Fund Manager	%	MEM	BER ACTION	
Fund Name			completed please send to your Employ	
Fund Manager	%		ocessing.	
Fund Name		EMPL	OYER ACTION	
Fund Manager	%		processed for payroll deduction please	
Fund Name		send this form to the ITB Pension Funds,		
		23 Kir	ng Street, Watford WD18 0BJ.	

TOTAL 100%

%

%

Fund Manager

Fund Manager

Fund Name

Fund Name

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Your signature		
	Date	
D: (C) (C)		

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