

Section 2 – Trustee information

Trustee's full name

Trustee's contact telephone number

Trustee's full address

Trustee's registered number, if limited company or plc

Postcode

Trustee's contact email address

Trustee's full name

Trustee's contact telephone number

Trustee's full address

Trustee's registered number, if limited company or plc

Postcode

Trustee's contact email address

Trustee's full name

Trustee's contact telephone number

Trustee's full address

Trustee's registered number, if limited company or plc

Postcode

Trustee's contact email address

Trustee's full name

Trustee's contact telephone number

Trustee's full address

Trustee's registered number, if limited company or plc

Postcode

Trustee's contact email address

Please continue on a separate sheet of paper, if necessary.

If in the last Scheme year any new Trustees have been appointed, or any Trustees have been removed or resigned, please send us a copy of the relevant Deeds or other legal documentation. Information for any new Trustees should be inserted in boxes above.

Section 3 – Declaration

Once this document has been fully completed, the following declaration must be signed by all Trustees of the Scheme (or an authorised representative), in the space provided.

Please remember to date the form.

We the undersigned confirm the information provided in this questionnaire is true and correct. We undertake to inform Prudential immediately:

- (i) of any change of name and/or address of any Trustee;
- (ii) the appointment of any new Trustee to the Scheme;
- (iii) the removal or resignation of any existing Trustee; and
- (iv) any other material Scheme change eg change of Scheme name.

Trustee's full name

Position

Signature

Trustee's full name

Position

Signature

Trustee's full name

Position

Signature

Trustee's full name

Position

Signature

Trustee's full name

Position

Signature

Trustee's full name

Position

Signature

Authorised representative of Trustees – if using this option please provide a copy of the authorisation

Authorised representative full name

Position

Signature

For and on behalf of the Trustees

Date

D	D	M	M	Y	Y	Y	Y
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