



## Discounted Gift Trust declaration of health

To be completed where the settlor is aged 80 or older

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

Completion of this form allows us to obtain a General Practitioners (GP) Report to assess your health. This information together with the information you provide on this form enables us to provide you with an estimate of the discount that could apply to the gift you make for inheritance tax (IHT) purposes

If you require any assistance with this form please contact your financial adviser.

Please complete this form and send in the mail to:

**Prubond New Business,  
Prudential,  
Lancing  
BN15 8GB**

If this is not sent to this address directly it may result in your application being delayed.

### Section A – underwriting

#### Why is underwriting required?

One of the factors in determining the discount and hence the value transferred for inheritance tax purposes is the life expectancy of the settlor. At any point HMRC may challenge our assessment of your health and any discount which applies, which could give rise to a further Inheritance Tax liability.

Prudential will need to see a GP's report before giving a final estimate of the discount.

There are 2 options available for you to choose. See over for further information.

**Please tick one box only.**

Interim Underwriting:

We will assess your health based on the information provided in this form, and provide you with an interim decision. Please complete all questions. We will also request a GP Report.

**OR:**

General Practitioner's Report:

We will assess your health based on the information provided in the GP Report only. You do not have to complete questions 4-10 in Section C.

## Section B – the trust fund

### Details of the investment

Name of the first (or only) settlor

Address of the first (or only) settlor

  

Name of the second settlor (if applicable)

Address of the second settlor (if applicable)

  

Type of Investment Plan

Application form date

D	D	M	M	Y	Y	Y	Y
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Investment amount (£)

Regular Withdrawal Amount (£)

Frequency:    monthly     quarterly     termly     half yearly     yearly

Please tick one box only

## Section C – health information

### Interim Underwriting selected

When we receive this form, our underwriters will assess the information you have provided and we will also request a GP Report.

Once we have assessed the information provided in this form, we will, where possible, send you confirmation of our underwriting decision, and an estimate of any discount which may apply to your gift.

**Please note that this will be an interim decision and interim estimate of the discount.**

Once we have received the GP Report we will assess this and provide final confirmation of our underwriting decision and estimate of any discount.

**Please note that the final decision, and estimate of the discount, may differ from our interim decision and estimate of the discount, depending on the information provided here and in the GP Report.**

### General Practitioner's Report selected

If you have selected the GP Report only, we will assess your health based on this alone and provide you with final confirmation of our underwriting decision and estimate of any discount.

If our underwriters are unable to offer terms, no inheritance tax discount will apply. This will not alter the product benefits that the bond offers.

### **Important information for customers**

Please take reasonable care to answer all the questions honestly and to the best of your knowledge. This will allow us to assess your health and provide if available, an indication of the discount which may apply, which in turn may reduce the potential for inheritance tax. If you give us wrong or misleading information then HMRC may challenge our assessment of your health and any discount which applies, which could give rise to a further inheritance tax liability. Please notify us of any changes to the information given in the answers to the health questions between completion of this form and your plan starting. If you do not then HMRC may challenge our assessment of your health which may lead to a further inheritance tax liability.

If you would prefer, you may complete the questions in private and return the health details section direct to our Chief Medical Officer. Please indicate on this form if you have done so.

You do not need to tell us about a result of any genetic test you have had. You must, tell us if you have symptoms of genetic disease.

## Section C – health information – continued

Failure to answer the questions honestly and with reasonable care may give rise to a further inheritance tax liability.

### First (or only) settlor:

1. What is your height and weight?

Height  Weight

2. What is your date of birth?

D	D	M	M	Y	Y	Y	Y
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3. Have you smoked or used any tobacco products in the past 12 months?

Yes  No

If **Yes**, please provide details of daily amounts:

Cigarettes	
Cigars	
Pipe	
Tobacco	
Nicotine Replacement Products	

4. Please answer both parts (i) and (ii):

(i) What is your average weekly consumption of alcohol in units?

(ii) Have you ever been advised by a medical professional to reduce your alcohol consumption? Yes  No

If **Yes**, please provide details:

5. (i) Have you **ever tested positive** for HIV, Hepatitis B or C or are you waiting for the results of such a test?

Yes  No

If **Yes**, please give full details, including nature and date of test.

6. Have you ever had (or been diagnosed with) any of the following:

(i) cancer, leukaemia, Hodgkin's disease, lymphoma, brain or spinal tumour? Yes  No

(ii) heart disease or disorder – including heart attack, angina, heart murmur, cardiomyopathy, heart valve defect or heart surgery? Yes  No

(iii) stroke or transient ischaemic attacks, brain haemorrhage or permanent brain injury through accident? Yes  No

(iv) multiple sclerosis, optic neuritis, epilepsy, paralysis, muscular dystrophy, Parkinson's disease, dementia, Alzheimer's, cerebral palsy, motor neurone disease or any other disorders of the central nervous system? Yes  No

(v) disease or disorder of the blood vessels – including circulation problems in the legs? Yes  No

(vi) diabetes or sugar in the urine? Yes  No

(vii) mental illness that has required hospital treatment or referral to a psychiatrist or other specialist? Yes  No

1 unit = 1 single pub measure spirits/small (125ml) glass of wine or 1/2 pint of standard strength beer, lager or cider.

Note: if the result is negative, the fact of having an HIV test will not, in itself, have any effect on your acceptance terms for insurance.

**Note: Failure to provide all information under questions 6, 7, 8, 9 and 10 may prevent us from providing an interim decision.**

## Section C – health information – continued

Failure to answer the questions honestly and with reasonable care may give rise to a further inheritance tax liability.

If you have answered **Yes** to any subset questions within this section please give full details. Please include condition name, date of diagnosis, treatment details, results of any investigations and any current symptoms you may be experiencing.

7. In the last 5 years have you had any of the following?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| (i) chest pain, irregular heart beat, raised blood pressure or raised cholesterol?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (ii) numbness, tremor, tingling, facial pain, visual disturbance including blurred or double vision, dizziness, chronic fatigue or tiredness?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (iii) seizure, fits, fainting or blackouts?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (iv) any disorder of the digestive system, liver, stomach, pancreas or bowel – including gastric or duodenal ulcer, hepatitis, colitis or Crohn's disease? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (v) any disorder of the kidneys, bladder or prostate – including blood or protein in the urine; or urinary tract infections?                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (vi) blood disorder or anaemia?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (vii) any disorder of the respiratory system – including asthma, bronchitis or emphysema?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (viii) any form of mental illness including anxiety, depression, stress, nervous breakdown or eating disorders?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you have answered **Yes** to any subset questions within this section please give full details. Please include condition name, date of diagnosis, treatment details, results of any investigations and any current symptoms you may be experiencing.

8. In the last 5 years have you:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| (i) undergone or been advised to have any investigation, x-ray, scan or blood test for any condition not already mentioned?            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (ii) received any form of medical attention, including any surgical procedures at a hospital, for any condition not already mentioned? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (iii) had the need for residential care or domestic assistance?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you have answered **Yes** to any subset questions within this section please give full details. Please include condition name, date of diagnosis, treatment details, results of any investigations and any current symptoms you may be experiencing.

## Section C – health information – continued

Failure to answer the questions honestly and with reasonable care may give rise to a further inheritance tax liability.

9. Are you aware of any other medical condition or symptoms where you intend to seek medical advice or are you waiting for the results of any medical investigation? Yes  No
10. Are you currently taking prescribed drugs, medicines, tablets or any other form of treatment for any condition **not already mentioned**? Yes  No

If you answered **Yes** to questions 9 or 10 please give full details in the box provided below of details of your condition, date of diagnosis, treatment details, results of any investigations and any current symptoms you may be experiencing.

11. Please provide full details of your usual doctor's name, address and telephone number. A report will be requested from your doctor.

Name

Address

Postcode

Telephone number

Email address

How long have you been with this doctor?

Years

Months

## Section C – health information – continued

Failure to answer the questions honestly and with reasonable care may give rise to a further inheritance tax liability.

### Second settlor:

1. What is your height and weight?

Height  Weight

2. What is your date of birth?

D	D	M	M	Y	Y	Y	Y
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3. Have you smoked or used any tobacco products in the past 12 months?

Yes  No

If **Yes**, please provide details of daily amounts:

Cigarettes	
Cigars	
Pipe	
Tobacco	
Nicotine Replacement Products	

4. Please answer both parts (i) and (ii):

(i) What is your average weekly consumption of alcohol in units?

(ii) Have you ever been advised by a medical professional to reduce your alcohol consumption? Yes  No

If **Yes**, please provide details:

5. (i) Have you **ever tested positive** for HIV, Hepatitis B or C or are you waiting for the results of such a test?

Yes  No

If **Yes**, please give full details, including nature and date of test.

6. Have you ever had (or been diagnosed with) any of the following:

(i) cancer, leukaemia, Hodgkin's disease, lymphoma, brain or spinal tumour? Yes  No

(ii) heart disease or disorder – including heart attack, angina, heart murmur, cardiomyopathy, heart valve defect or heart surgery? Yes  No

(iii) stroke or transient ischaemic attacks, brain haemorrhage or permanent brain injury through accident? Yes  No

(iv) multiple sclerosis, optic neuritis, epilepsy, paralysis, muscular dystrophy, Parkinson's disease, dementia, Alzheimer's, cerebral palsy, motor neurone disease or any other disorders of the central nervous system? Yes  No

(v) disease or disorder of the blood vessels – including circulation problems in the legs? Yes  No

(vi) diabetes or sugar in the urine? Yes  No

(vii) mental illness that has required hospital treatment or referral to a psychiatrist or other specialist? Yes  No

1 unit = 1 single pub measure spirits/small (125ml) glass of wine or 1/2 pint of standard strength beer, lager or cider.

Note: if the result is negative, the fact of having an HIV test will not, in itself, have any effect on your acceptance terms for insurance.

## Section C – health information – continued

Failure to answer the questions honestly and with reasonable care may give rise to a further inheritance tax liability.

If you have answered **Yes** to any subset questions within this section please give full details. Please include condition name, date of diagnosis, treatment details, results of any investigations and any current symptoms you may be experiencing.

7. In the last 5 years have you had any of the following?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| (i) chest pain, irregular heart beat, raised blood pressure or raised cholesterol?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (ii) numbness, tremor, tingling, facial pain, visual disturbance including blurred or double vision, dizziness, chronic fatigue or tiredness?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (iii) seizure, fits, fainting or blackouts?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (iv) any disorder of the digestive system, liver, stomach, pancreas or bowel – including gastric or duodenal ulcer, hepatitis, colitis or Crohn's disease? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (v) any disorder of the kidneys, bladder or prostate – including blood or protein in the urine; or urinary tract infections?                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (vi) blood disorder or anaemia?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (vii) any disorder of the respiratory system – including asthma, bronchitis or emphysema?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (viii) any form of mental illness including anxiety, depression, stress, nervous breakdown or eating disorders?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you have answered **Yes** to any subset questions within this section please give full details. Please include condition name, date of diagnosis, treatment details, results of any investigations and any current symptoms you may be experiencing.

8. In the last 5 years have you:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| (i) undergone or been advised to have any investigation, x-ray, scan or blood test for any condition not already mentioned?            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (ii) received any form of medical attention, including any surgical procedures at a hospital, for any condition not already mentioned? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (iii) had the need for residential care or domestic assistance?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you have answered **Yes** to any subset questions within this section please give full details. Please include condition name, date of diagnosis, treatment details, results of any investigations and any current symptoms you may be experiencing.

**Section C – health information – continued**

**Failure to answer the questions honestly and with reasonable care may give rise to a further inheritance tax liability.**

9. Are you aware of any other medical condition or symptoms where you intend to seek medical advice or are you waiting for the results of any medical investigation? Yes  No
10. Are you currently taking prescribed drugs, medicines, tablets or any other form of treatment for any condition **not already mentioned**? Yes  No

If you answered **Yes** to questions 9 or 10 please give full details in the box provided below of details of your condition, date of diagnosis, treatment details, results of any investigations and any current symptoms you may be experiencing.

11. Please provide full details of your usual doctor's name, address, fax and telephone number. A report will be requested from your doctor.

Name

Address

Postcode

Telephone number

Email address

How long have you been with this doctor?

Years

Months



### Access to medical reports

We need to establish whether we can provide an estimate of any discount that may apply to the gift being made, for inheritance tax purposes, based on an assessment of your current state(s) of health. To do this we need to get medical reports. Before we can ask any doctor that you have consulted to fill in a report, we need your permission under the Access to Medical Reports Act 1988. Your rights under the Act are as follows:

- You can ask to see the report before the doctor returns it to us. If this is the case, we will tell the doctor to keep the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report to us.
- If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us. We can send a copy of the report to your doctor if you ask to see it at a later date.
- If you think that any part of the report is not correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.
- Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following:

- Your current health:
  - Any care, medication or treatment you are currently receiving.
  - The results of referrals or tests you are waiting for.
- Any time off work in the last three years.

- Your past health:
  - Details (excluding minor self limiting ailments/conditions) of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of:
    - malignancy (cancer), cardiovascular (heart) disease, diabetes and degenerative (gradually worsening) diseases;
    - musculo-skeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints or muscles;
    - anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue;
    - suicidal thoughts or attempts at suicide; or
    - conditions related to drug or alcohol misuse or smoking or chewing tobacco.
  - Details of any biopsies, blood tests, electrocardiograms (heart tests), diagnostic genetic test results, height, weight if measured in the last two years, urinalyses (tests on urine), x-rays or other investigations.
  - Any blood pressure readings in the last three years.
- Any history of disease among your parents or brothers or sisters that you have told your doctor about.

We have asked your doctor not to reveal information about:

- negative tests for HIV, hepatitis B or C;
- any sexually-transmitted diseases unless there could be long-term effects on your health; or
- predictive genetic test results.

If you have any questions about your rights under the Act or questions relating to the process of getting, assessing or storing medical information, please write to the Chief Medical Officer, Prudential, Lancing BN15 8GB.

### How we use your personal information

We, Prudential UK, take the privacy and protection of your personal information seriously.

So we've set out below information about our processing of your personal information, what rights you have, and how you can get in touch if you want to know more.

When we say personal information, we mean information about you, such as your name, date of birth and contact details. 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.

### Part A – How we use your personal information and why

We, M&G plc and our Business Partners, will use the personal information you provide to us, together with other information, for the following purposes:

- › the administration of our products and services, including to enable us to perform our obligations to you and to provide any relevant services as discussed with you prior to any purchase of a product or service
- › complying with any regulatory or other legal requirements
- › carrying out checks using agencies such as credit reference agencies, tracing companies, or publicly available information (See Part B for more)
- › the provision of customer services – like to reply to a question, or tell you that something's changing
- › automated decision-making or profiling (see Part C for more)
- › keeping your information on record and carrying out other internal business administration

In addition, we, M&G plc, and our Marketing Partners, will use the personal information you provide to us, together with other information, to send you direct marketing offers by electronic and non-electronic means including by post, as well as sending you introductions to products and services from carefully selected third parties also by post. Please see Part G for further details.

Some of the purposes above are necessary to allow us

to perform our contractual obligations to you and to enable us to comply with applicable laws and regulation. We may also rely on legitimate interests in using and sharing your personal information for the purposes described above to improve our products and services. This allows us to explore ways to develop our business and to gain insights into how our products and services are used. To the extent that we need your consent to use your personal information for the purposes described above, you explicitly provide your consent by signing and returning this form, or as set out in Part G as appropriate.

### Who we share your personal information with and why

We'll share your personal information within M&G plc and with our Business Partners, for any of the purposes set out in Part A. If you have a joint policy or investment, the other person may receive your personal information too. If appropriate, we may also pass on your personal information to financial crime prevention agencies, any legal, regulatory or government bodies.

As we, M&G plc, and some of our Business Partners are global companies, we might need to send your personal information to countries that have different data protection laws to the UK or the European Economic Area. These transfers will only be to countries in respect of which the European Commission has issued a data protection 'adequacy' decision, or to other countries, such as India or the United States of America, where appropriate safeguards have been put in place.

If you want to know more about these safeguards – like our use of the European Commission's Model Clauses which govern the transfer of information outside of the European Economic Area – further information is available on request.

### We keep your personal information for a set amount of time

Your personal information will be stored either for as long as you (or your joint policyholder) are our customer, or longer if required by law or as is otherwise necessary. It'll always be in line with our data retention policy.

### Part B – Reference checks

For certain products, we may use approved credit reference agencies, tracing companies, financial crime prevention agencies, or publicly available information, to help us to check your identity, as well as to prevent fraud and money laundering; this may include checks on your current or previous addresses. Results of these may be recorded for future reference.

These checks may also be carried out for a joint policy holder or person(s) that you provide personal information on. Should we ever lose contact with you, we may use these agencies to verify your address to help us get back in touch.

Any transfer of your personal information will always be done securely.

### Part C – We may use your personal information to make automated decisions or profile you

We, M&G plc, our Business Partners, and our Marketing Partners may use your personal information to make automated decisions affecting you or to conduct other profiling (for example, marketing profiling).

To the extent that we conduct such automated decision making activity, we'll provide you with further information at the appropriate time.

### Part D – Use of your sensitive personal information

For certain products or services, we'll need to process your sensitive personal information, such as information relating to health, genetics, biometric identifiers and sexual orientation. To the extent that we need your explicit consent to process this kind of personal information in the manner described in Parts A, B, and C, you explicitly provide your consent by signing and returning this form.

### Part E – You're in control

When it comes to how we use your personal information, you've got the right to:

- › request a copy of your personal information for free (we may charge you for this if the request is manifestly unfounded or excessive)
- › in certain circumstances request that we move your personal information to another organisation if you want us to

- › request that we correct anything that's wrong, or complete any incomplete personal information
- › ask us to delete your personal information if it is no longer needed for the purposes set out in Part A or if there is no other legal basis for the processing
- › limit how we use your personal information or withdraw your consents (including automated decision making) you have given for the processing of your personal information
- › object to us using your personal information for direct marketing (including related profiling) or other processing based on legitimate interests
- › complain to a data protection authority or another independent regulator about how we're using it.

If you want to do any of these things, or would like an explanation as regards these rights, we've explained how you can get in touch in the Contact Us section.

If you do need to speak to us, it'll be useful to have to hand that the data controller of your personal information is Prudential UK. Prudential UK have also appointed a Data Protection Officer who can be reached at the address shown in the Contact Us section of this document.

We may monitor or record calls or any other communication we have with you. This might be for training, for security, or to help us check for quality.

### Part F – Acting on someone else's behalf?

If you give us personal information about another person (or persons), we'll take that to mean they have appointed and authorised you to act on their behalf. This includes providing consent to:

- › our processing of their personal information and sensitive personal information (as we've explained in Parts A, B, C, and D above)
- › you getting any information protection notices on their behalf.

If for any reason you are concerned as to whether you are permitted to provide us with the other person's information, please contact us on the phone number below before sending us anything.

### Part G – Direct marketing

We and M&G plc will still send you information by post about the Prudential UK and M&G plc's products and services and carefully selected third parties.

Additionally, from time to time, Prudential UK and M&G plc would like to contact you by electronic means with details about products, services and any special offers. Please note that any consent you give will not apply to M&G Investments Group and Prudential International Assurance plc as they operate their own customer databases and may contact you separately.

If you consent to us contacting you for this purpose by electronic means, please tick to say how we may contact you (tick as many or as few as you like):

Email  Phone  Text

And if you change your mind, and/or you would like to opt-out of receiving non-electronic direct marketing, it's easy to let us know. Just call us on 0800 000 000.

### Contact us

If you want to exercise your rights in Part E or if you require any other information about any other part of this notice, you can contact us in a number of different ways.

Write to us at: Customer Service Centre  
Prudential  
Lancing  
BN15 8GB

Call us on: 0800 000 000

Or visit: [www.pru.co.uk](http://www.pru.co.uk)

Prudential UK means The Prudential Assurance Company Limited, Prudential Distribution Limited, Prudential Life Time Mortgages Limited, Prudential Pensions Limited, and Prudential Financial Planning Limited as appropriate.

M&G plc means any affiliates of Prudential UK (including, Prudential International Assurance plc, PGDS (UK ONE) Limited, Prudential Global Services Private Limited, M&G Investments Group, and Prudential Corporate Pensions Trustee Limited.

Business Partners means our service providers, accountants, auditors, IT service and platform providers, intermediaries, reinsurers, retrocessionaires, investment managers, agents, pension trustees (and other stakeholders), scheme advisors, introducers, selected third party financial and insurance product providers, and our legal advisers.

Marketing Partners means our service providers, intermediaries, pension trustees (and other stakeholders), scheme advisors, introducers and selected third party financial and insurance product providers.

## Section F – Declaration

### Declaration – confirmation by each trust settlor

This form and Declaration should be signed and returned by the person(s) who is/are creating the Discounted Gift Trust relating to the plan identified in Section B.

- I/We confirm that:
  - a) The information given in this form coincides with that declared in my/our application form.
  - b) I/We understand that no money or other property shall be added to the trust fund while the settlor is alive (or while either of the settlors is alive, if there are two settlors).
  - c) I/We understand that I/we cannot change the amount and frequency of regular withdrawals that I/we have set out in the Discounted Gift Trust Declaration Form.
- I/We agree to you asking any doctor I/we have consulted about my/our physical or mental health to provide medical information so you may assess my/our proposal. You may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that I/we have applied for. I/We authorise those asked to provide medical information when they see a copy of this consent form. This form allows you to gather medical reports within six months of the start of the plan, or after my/our death, to support any claim made on the plan proceeds.
- This information can also be used to maintain management information for business analysis.
- I/We authorise you to send a copy of my/our medical report(s) to my/our personal representatives (or HM Revenue & Customs) for valuation purposes during or after my/our lifetime.
- I/We authorise the giving of such information subject to these rights during or after my/our lifetime.
- I/We agree that a copy of this consent will have validity of the original.
- I/we declare that I/we have taken reasonable care to answer all the questions honestly and to the best of my/our knowledge. I/we understand that you will use this information to assess my health and provide if available, an indication of the discount which may apply, which in turn may reduce the potential for inheritance tax. I/we understand that if I/we give you wrong or misleading information then HMRC may challenge your assessment of my health and any discount which applies, which could give rise to a further inheritance tax liability.

## Section F – Declaration – continued

First (or only) settlor

Second settlor (if applicable)

### Signatories – to be signed by each trust settlor

I have read the declaration, important notes and information relating to my rights under the Access to Medical Reports Act.

I do want to see the report before it is sent to the company (first settlor).

I do not want to see the report before it is sent to the company (first settlor).

I do want to see the report before it is sent to the company (second settlor if applicable).

I do not want to see the report before it is sent to the company (second settlor if applicable).

### First (or only) Trust Settlor

Name

Signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

### Second Trust Settlor – if applicable

Name

Signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

## Section E – Financial Adviser details

Financial Adviser name

Financial Adviser address

  
  

Financial Adviser Financial Conduct Authority registration number

Financial Adviser Telephone number

Financial Adviser Email address



[www.pru.co.uk](http://www.pru.co.uk)

"Prudential" is a trading name of The Prudential Assurance Company Limited (PACL) which is registered in England and Wales. Registered Office at 10 Fenchurch Avenue, London EC3M 5AG. Registered number 15454. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

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