

## APS Additional Subscription Eligibility Declaration

Please complete this form for additional subscriptions to an APS allowance. This form will need to be completed and sent to WFIL with payment for each additional subscription made to the ISA.

### Investor Details (Please complete in BLOCK CAPITALS)

Title (Mr/Mrs/Miss/Other)  Surname

Forename(s)

### Permanent address

Address line 1

Address line 2

Town or city  County

Country  Postcode

Postcode

ISA Account number

### DETAILS OF THE DECEASED

Full name

### APS ALLOWANCE SUBSCRIPTION INFORMATION

I (the investor) wish to subscribe  £  from my APS allowance in respect of the deceased and wideceased and wish to make my subscription to a Stocks & Shares ISA in cash.

### APS SUBSCRIPTION ELIGIBILITY DECLARATION

I (the investor) declare that:

- the subscription is made under the provisions of regulation 5DDA of the ISA regulations (additional permitted subscription);
- the subscription is being made within 3 years of the date of death or, if later, 180 days of the completion of the administration of the estate (where the deceased died in the period beginning with 3 December 2014 and ending on 5 April 2015, the deceased is treated as dying on 6 April 2015);
- All subscriptions made, and to be made, belong to me;
- I am not resident in the United States of America.

I agree to the ISA terms and conditions.

I have received, read and understood or had satisfactorily explained the Key Investor Information Document, or the Key Features Document and Key Information Document and Prudential ISA costs and charges disclosure and the Additional Investor Information Document as applicable (where subscriptions are to be made to a new fund and/or share class (where applicable)).

I am aware that any New or Initial Investment will require advice to be taken.

I am aware that the latest Prospectus and Annual and if more recent Interim Fund Reports and other PruFund Funds' Literature are available free of charge and I confirm I have accessed them to the extent I believe necessary.

I declare that this APS application form has been completed to the best of my knowledge and belief.

Signed

Date