

Please return completed form to: **International Payments, Equiniti,  
Aspect House, Spencer Road, Lancing, West Sussex, BN99 6DA, United Kingdom**  
(or in a reply paid envelope if previously provided to you)

If you have any queries please contact the shareholder helpline on **0371 384 2035 (+44 121 415 7026)** if calling from outside the UK).  
Lines open 8:30am to 5:30pm (UK time), Monday to Friday (excluding public holidays in England and Wales).

**See Guidance Notes overleaf before completing this form.**

**Section 1: YOUR DETAILS: Please provide details of your shareholding**

Full name & address of 1 <sup>st</sup> named holder or corporate entity			Shareholder Reference (8 or 11 digits)									
			OR									
			CREST ID (if applicable)		Member A/C ID (if applicable)							
Country	Post Code/ZIP Code											
Date of Birth of 1 <sup>st</sup> named holder (in the format: DD/MM/YYYY)			Telephone Number (including any local dialling options)									
D	D	/	M	M	/	Y	Y	Y	Y			
Beneficiary ID (Passport ID, Local ID)												

**Section 2: PAYMENT DETAILS**

**US DOLLAR PAYMENTS (via Wire payment)**

**IMPORTANT: Your bank or their agents may levy charges on WIRE TRANSFERS according to their policy.**

Bank account in the name of				Name of Bank																
Branch address of bank				Additional Information																
Country:		Post Code/ZIP Code																		
Bank SWIFT Code (8 or 11 digit BIC Code)				China National Advanced Payment System (CNAPS) Code – 12 digits																
Account Number																				

**Section 3: DECLARATION: All shareholders must sign and print their full names**

**Declaration:** Please forward until further notice, any future payments that may from time to time become payable to me/us in respect of any Prudential plc shares held, in US Dollars to the nominated bank detailed above, or to such other branch of the organisation as the bank may from time to time request. Compliance with this request will discharge the Company or Equiniti Financial Services Limited of any further liability in respect of such dividends or other monies. This request will remain in force until revoked by you.

Signature 1	Signature 2
Print Full Name	Print Full Name
Signature 3	Signature 4
Print Full Name	Print Full Name

If you are signing as a Power of Attorney or other authority then please print your full name above.  
**IMPORTANT: Bodies corporate must execute under their common seal or in accordance with section 44 of the Companies Act 2006, and provide a letter on company headed paper confirming the capacity of the authorised signatories with the completed form to avoid the form being rejected.**

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### IMPORTANT

- This form should only be used to elect to receive US Dollar cash dividends on Prudential plc shares for the country indicated overleaf.
- This instruction will only be applied to the holding indicated. Should you wish to include other holdings you must complete a separate form.
- **Please ensure your beneficiary bank account can accept US Dollars.**
- **Your bank or their agents may levy charges on WIRE TRANSFERS according to their policy. This may include conversion to another currency if your account cannot accept US Dollar payments. Please check with your account holding bank before completing this form.**
- **CREST Members: This form MUST be submitted along with a valid US Dollar Election using the CREST Dividend Election Process. Your dividend may be retained if you do not provide a correct US Dollar Bank Mandate.**
- Incomplete or incorrect forms cannot be accepted and will be returned.
- This instruction will not override any existing Dividend Reinvestment Plan mandate which you must revoke in writing. CREST Members need to delete standing instructions via CREST.
- All shareholders must sign the declaration and enter their full name in block capitals. If you are a sole shareholder please only complete one signature panel.
- To participate Equiniti must receive the fully completed form at least fifteen (15) working days prior to the next dividend payment date.
- **Power of Attorney (if applicable)**  
Complete your full name if you are signing as a power of attorney.  
To avoid any delay in setting up these payment instructions, if you have not previously recorded the Power of Attorney document with us, please include either; the original document or, a photocopy, with this form. If you are sending a photocopy, please make sure every page is signed with an original signature, either by the person granting the Power or by a solicitor or stockbroker, to confirm that it is a true and complete copy of the original
- **Corporates (if applicable)**  
Corporates must provide a letter on company headed paper confirming the capacity of each of the authorised signatories and must submit this with the completed form or the form will be rejected.