

# KYC for Third Party Payor



PRU LIFE INSURANCE CORPORATION OF U.K.  
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 within Metro Manila, 1 800 10 PRULINK for domestic toll-free  
 Email: contact.us@prulifeuk.com.ph Website: www.prulifeuk.com.ph

**REMINDERS:**

Please use CAPITAL LETTERS and black ink.

Tick the appropriate box to indicate your choice.

Please do not sign on a blank form.

If not applicable, put "N/A" in all empty fields.

One form may be used for multiple policies if the Policyowner and Third Party Payor in all policies are the same. Otherwise, the individual submission of Know Your Customer (KYC) Form for Third Party Payor for each policy will be required.

POLICY NUMBER

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## PERSONAL INFORMATION OF THIRD PARTY PAYOR

|   |  |                    |   |  |             |   |  |   |   |   |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
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| SURNAME   |  |                    |   | GIVEN NAME   |             |   |  |   |   |   |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| MIDDLE NAME   |  |                    |   | OTHER LEGAL NAME/ALIAS   |             |   |  |   |   |   |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| CIVIL STATUS  |  | SALUTATION         |   | GENDER   |             |   |  |   |   |   |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others  |  |                    |   | <input type="checkbox"/> Male <input type="checkbox"/> Female  |             |   |  |   |   |   |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| DATE OF BIRTH (mm/dd/yyyy)  |  | AGE                | PLACE OF BIRTH (city/province, country)           |  | NATIONALITY |   |  |   |   |   |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
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| IDENTIFICATION INFORMATION  |  | MOBILE NUMBER      |   | TELEPHONE NUMBER   |             | EMAIL ADDRESS   |  |   |   |   |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| SSS/GSIS   TIN<br><table border="1"> <tr> <td> </td><td> </td> </tr> </table> OTHERS   ID NUMBER<br><table border="1"> <tr> <td> </td><td> </td> </tr> </table> |  |                    |   |  |             | <table border="1"> <tr> <td> </td> </tr> </table>   |  |   | <table border="1"> <tr> <td> </td> </tr> </table> |   |  | <table border="1"> <tr> <td> </td> </tr> </table> |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
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| OCCUPATION (State exact duties; if member of AFP/PNP, state rank.)  |  |                    |   | EMPLOYER   |             |   |  |   |   |   |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| NATURE OF WORK OR NATURE OF BUSINESS (if self-employed)   |  |                    |   | NATURE OF BUSINESS OF EMPLOYER   |             |   |  |   |   |   |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| GROSS ANNUAL INCOME (in PhP)  |  | NET WORTH (in PhP) |   | SOURCES OF FUNDS   |             |   |  |   |   |   |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| <table border="1"> <tr> <td> </td> </tr> </table>   |  |                    | <table border="1"> <tr> <td> </td> </tr> </table> |  |             | <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Others |  |   |   |   |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
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| PRESENT ADDRESS (number, street, municipality/city, province)   |  |                    |   | PERMANENT ADDRESS (number, street, municipality/city, province) <small>Tick if same as present address</small> |             |   |  |   |   |   |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| COUNTRY   |  |                    |   | COUNTRY  |             |   |  |   |   |   |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| ZIP CODE  |  |                    |   | ZIP CODE   |             |   |  |   |   |   |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| BUSINESS/EMPLOYER ADDRESS (number, street, municipality/city, province) <small>Tick if same as present address</small>  |  |                    |   | <b>POLICY DETAILS</b>  |             |   |  |   |   |   |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| COUNTRY   |  |                    |   | NAME OF POLICYOWNER  |             |   |  |   |   |   |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
| ZIP CODE  |  |                    |   | RELATIONSHIP OF THIRD PARTY PAYOR TO POLICYOWNER   |             |   |  |   |   |   |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
|   |  |                    |   | REASON FOR THIRD-PARTY PAYMENT   |             |   |  |   |   |   |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |

**Purpose Statement:**

We will process the information you have provided in this form for the purpose of handling your request in accordance with applicable privacy laws and regulations. During processing, we may share the information you provided to our authorized data processors, including couriers and contractors for anti-money laundering systems, photocopying, scanning, indexing and printing services. We may share your information with governmental and other regulatory authorities, or self-regulatory bodies in various jurisdictions as required or allowed by applicable laws and regulations. Any information collected may be retained by Pru Life UK and our authorized data processors until ten (10) years from the date of termination of the policy.

You may revisit our privacy policy through our website at (<https://www.prulifeuk.com.ph/en/footer/privacy-policy/>). For data privacy concerns, please contact our Data Privacy Officer at:

|            |   |
|------------|---|
| Telephone: | (632) 8887 5433 for Metro Manila, 1 800 10 7785465 via PLDT landline for domestic toll-free |
| Email:     | dpo@prulifeuk.com.ph  |

EXECUTED AT

PLACE

THIS







DATE COMPLETED

✓ Signature over printed name  
of THIRD PARTY PAYOR

## Know Your Customer (KYC) requirements for eligible Third-Party Payors

|  |   |
|--|---|
| What is a Third-Party Payment?   | This is a payment made to Pru Life UK by any person other than the Policyowner.   |
| Who are the eligible Third-Party Payors (TPP)?   | <ol style="list-style-type: none"> <li>Persons named in the Life Insurance Application Form either as Life Insured or Beneficiary</li> <li>The following family members of the Policyowner: <ul style="list-style-type: none"> <li>- Parent    - Sibling    - Child</li> <li>- Spouse    - Grandparent</li> </ul> </li> <li>Pru Life UK Insurance agents provided that they are <ul style="list-style-type: none"> <li>- Parents and sibling of policyowner if agent is not married</li> <li>- Parents, spouse or child of policyowner if agent is married (with satisfactory proof or declaration provided by the life insurance agent)</li> </ul> </li> </ol> |
| Who are allowed to be Corporate/Entity TPP?  | <p>Only the following categories will be accepted as Corporate or Entity TPP:</p> <ol style="list-style-type: none"> <li>Sole proprietorship provided that the Policyowner is the sole proprietor</li> <li>Worksite/Group accounts where an employee-employer relationship is duly established (subject to the submission of Certifications of Employment)</li> </ol>   |
| What are the requirements for a first-time TPP?  | <ul style="list-style-type: none"> <li>- Duly accomplished and signed KYC Form for TPP</li> <li>- Copy of one (1) valid government-issued ID or two (2) valid non-government IDs.</li> </ul>  |
| If I am an existing TPP, do I have to fill out and submit another set of requirements if I intend to become a TPP of another policy? | <p>As TPP documents are handled on a per-Policyowner basis:</p> <ul style="list-style-type: none"> <li>- Yes, if you have not yet applied as a TPP for that particular Policyowner.</li> <li>- No, if both the policies you are applying and have previously applied for have the same Policyowner.</li> </ul>  |
| If I am simultaneously applying as a first-time TPP for multiple policies, how many KYC Forms do I need to fill out and submit?      | <ol style="list-style-type: none"> <li>If the policies have the same Policyowner, you will need to submit only one (1) KYC Form for TPP.</li> <li>If the policies have different Policyowners, you will need to submit the same number of KYC Form for TPPs as there are Policyowners to individually establish your relationship with each.</li> </ol>   |
| I am a first-time TPP and one of the Beneficiaries of the policy. Do I still need to submit a KYC Form?                              | Yes, because the KYC for TPP requires the essential details on employment and source of funds which were not asked from you (being the Beneficiary) in the New Business Application Form or Policy Amendment Request Form.  |