Individual Application
for Group Creditor Life Insurance

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.
This form should be accompanied by one (1) valid government ID or two (2) valid non-government IDs.

PRU LIFE U.K.

PRU LIFE INSURANCE CORPORATION OF U.K.
9/F Uptown Place Tower 1, 1 East 11th Drive, Uptown Bonifacio,
1634 Taguig City, Philippines
Customer helpdesk: (632) 8683 9000, (632) 8884 8484, (632) 8887 LIFE
within Metro Manila, 1 800 10 PRULINK for domestic toll-free
Email: contact.us@prulifeuk.com.ph Website: www.prulifeuk.com.ph

Application no. _____

DETAILS OF BORROWER

SURNAME, GIVEN NAME, MIDDLE NAME

SALUTATION (e.g. Mr., Mrs., Miss, etc.)

OTHER LEGAL NAME/ALIAS

AGE

BIRTHDATE (mm/dd/yyyy)

BIRTHPLACE (City/Province, Country)

CIVIL STATUS
☐ Single ☐ Married
☐ Others

NATIONALITY

HEIGHT ft. in.

WEIGHT lbs.

GENDER
☐ Male ☐ Female

PRESENT ADDRESS (number, street, municipality/city, province)

PERMANENT ADDRESS (number, street, municipality/city, province) ☐ Tick if same as present address

COUNTRY

ZIP CODE

COUNTRY

ZIP CODE

NAME OF EMPLOYER/NAME OF BUSINESS

NATURE OF WORK OR NATURE OF BUSINESS (if self-employed)

OCCUPATION (state exact duties; if member of AFP/PNP, state rank)

SOURCE OF FUNDS
☐ Salary ☐ Business ☐ Others

POSITION

GROSS ANNUAL INCOME (in PhP)

NET WORTH (in PhP)

NATURE OF BUSINESS OF EMPLOYER

EMPLOYER ADDRESS/BUSINESS ADDRESS (Number, street, municipality/city, province) ☐ Tick if same as present address

COUNTRY

ZIP CODE

DATE HIRED

DATE OF REGULARIZATION

MONTHLY INCOME

TEL. NO.

PREFERRED POLICYOWNERS ADDRESS FOR CORRESPONDENCES ☐ Present Address ☐ Permanent Address ☐ Business/Employer

LOAN DETAILS

NAME OF FINANCIAL INSTITUTION (e.g. Lending Company/Cooperative/Bank)

TERM OF LOAN (Number of months/years)

TYPE OF LOAN (e.g. Salary Loan/Business Loan/Housing Loan)

AMOUNT OF LOAN APPLIED FOR (please indicate the currency)

ACCOUNT OFFICER

MOBILE NUMBER

TELEPHONE NUMBER

EMAIL ADDRESS

IDENTIFICATION INFORMATION

SSS/GSIS

TIN

OTHERS

ID NUMBER

HEALTH DECLARATION

(Please answer the following questions and give full details for questions 1-2 when the answer is "NO," and the date, symptoms, duration, treatment results, name of physician, hospital/clinic and its address for questions 3-9 when the answer is "YES.")

Questions		Details
1. Are you now actively at work on a regular full-time basis or actively performing your daily normal activities of life?	☐ Yes ☐ No	
2. Are you in good health?	☐ Yes ☐ No	
3. Has your weight changed more than 10lbs. in the past year? If so, why?	☐ Yes ☐ No	
4. Has any application on your life for Life, Accident or Hospitalization insurance been declined, postponed or modified?	☐ Yes ☐ No	
5. Have you ever had or been told that you had diabetes, cancer or tumor, high blood pressure, heart disease, any disorder of the brain or nervous system, deformity, impairment of sight or hearing, or loss of any part of the body or other physical defects?	☐ Yes ☐ No	
6. a) Are you a cigarette smoker? How long have you been a smoker? Number of sticks per day?	☐ Yes ☐ No	
b) Have you stopped smoking for the past six months or more?	☐ Yes ☐ No	
7. Have you, during the past five (5) years:	☐ Yes ☐ No	
a) had any injury, ailment or disease?	☐ Yes ☐ No	
b) consulted or been treated by any physician or medical practitioner?	☐ Yes ☐ No	
c) had any surgical operation?	☐ Yes ☐ No	
d) had any medical examination or check-up?	☐ Yes ☐ No	
8. Have you ever been confined in any hospital, clinic, or mental institution?	☐ Yes ☐ No	
9. Have you had any of the following medical tests within the last twelve (12) months? ☐ X-ray ☐ ECG ☐ Blood chemistry	☐ Yes ☐ No	
10. What amount of insurance is now in force on your life? (Give name of company, amount and year of insurance)	☐ Yes ☐ No	

I acknowledge and agree that, if Pru Life UK approves this Application, my Creditor, _____ , shall be entitled to the insurance proceeds from and under Master Policy No. _____ , to the extent of the outstanding indebtedness at the time such proceeds are due and payable by Pru Life UK in accordance with the terms of the Master Policy. Any excess shall be paid to me or my beneficiaries, as applicable.

DETAILS OF PRIMARY AND SECONDARY BENEFICIARIES

If any beneficiary designation is "IRREVOCABLE", please accomplish the Endorsement for Designating Irrevocable Beneficiary Form. If more than one Beneficiary is named, equal sharing shall be presumed unless stated otherwise.

SURNAME, GIVEN NAME, MIDDLE NAME

DATE OF BIRTH (mm/dd/yyyy)

GENDER ☐ Male ☐ Female

RELATIONSHIP TO INSURED | % SHARE | TYPE OF BENEFICIARY ☐ Primary ☐ Secondary | BENEFICIARY DESIGNATION ☐ Revocable ☐ Irrevocable

PLACE OF BIRTH (City/Province, Country)

NATIONALITY

PRESENT ADDRESS (Number, street, municipality/city, province)

ZIP CODE

☐ Tick if same as Employee/Member

COUNTRY

MOBILE NUMBER

TELEPHONE NUMBER

EMAIL ADDRESS

SURNAME, GIVEN NAME, MIDDLE NAME

DATE OF BIRTH (mm/dd/yyyy)

GENDER ☐ Male ☐ Female

RELATIONSHIP TO INSURED | % SHARE | TYPE OF BENEFICIARY ☐ Primary ☐ Secondary | BENEFICIARY DESIGNATION ☐ Revocable ☐ Irrevocable

PLACE OF BIRTH (City/Province, Country)

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☐ Tick if same as Employee/Member

COUNTRY

MOBILE NUMBER

TELEPHONE NUMBER

EMAIL ADDRESS

If there are more than two (2) beneficiaries, please answer the Supplemental Form for Additional Beneficiaries.

AUTHORIZATION TO FURNISH MEDICAL INFORMATION

Pru Life UK is considering an application for insurance on my life and I hereby authorize YOU* or any physician, surgeon, or other person in your or their employ or who you or they are connected with, in any way, or any hospital or other entity, to give Pru Life UK or its authorized medical doctor or representative, any information which may be desired and which was acquired while attending to me in a professional capacity. A photographic copy of this authorization shall be as valid as the original. This authorization is in connection with my application for insurance only.

*YOU refers to the person/party holding or possessing this AUTHORIZATION TO FURNISH MEDICAL INFORMATION.

HEALTH DECLARATION

PLEASE READ CAREFULLY BEFORE SIGNING THE APPLICATION FORM:

By signing this Application, I declare, agree to, and authorize the following:

1. I understand that Pru Life UK is an insurance company authorized to provide insurance products or services in the Philippines as regulated by the Insurance Commission. If I applied through an agency-assisted channel, I confirm that during the application process, I only dealt with an agent/insurance broker that is recognized by the Company and licensed to sell insurance policies, whether traditional or investment-linked in nature, by the Insurance Commission.
2. All the statements and answers in this Application and any information given to Pru Life UK or its medical examiners, including any amendments, are complete, true, correct, and binding on all parties in interest under the Policy applied for.
3. Pru Life UK reserves the right to request for additional medical evidence to assess my health. Any physician, hospital, clinic, or medical organization is authorized to furnish. Pru Life UK with any medical information pertaining to me.
4. Prior to the issuance of the Policy applied for, I agree to inform Pru Life UK of any change in my (a) state of health, and (b) occupation or activities.
5. The insurance coverage will not commence until this Application has been approved, the initial premium has been received by Pru Life UK, and the Policy has been issued while I am in good health.
6. I will update Pru Life UK in a timely manner of any change in details previously provided especially with respect to a change in citizenship, tax status, or tax residency, correspondence address, or contact numbers, both local and foreign. If the Policyowner is a corporation, changes in registered address, address of place of business, substantial shareholders, legal or beneficial owners who own or control at least 20% of the Policyowner will also be disclosed.
7. Non-payment of premiums, misrepresentation or non-disclosure of material information, and/or violation of any of the terms or conditions of the Policy may lead to the denial or cancellation of insurance coverage by Pru Life UK.
8. I confirm that I received the benefit illustration, quotation proposal, product summary, or other relevant sales materials and that the terms and conditions of the insurance policy that I applied for were clearly explained to me and fully understood prior to my signing the Application and accepting insurance coverage. Moreover, questions and clarifications on my end, if any, were properly and fully addressed.
9. I understand that I can conduct additional research and compare available options in the market before agreeing to purchase an insurance policy that best suits my needs and requirements from Pru Life UK.
10. I confirm that I am of sound financial health and agree to pay the required insurance premiums on time or within the grace period indicated in the Policy.
11. The amounts to be invested in the Policy have been declared to relevant tax authorities and were not derived, directly or indirectly, from illegal activities or sources and/or tax evasion.
12. This Application and any policy issued pursuant to it shall be subject to all laws, regulations, resolutions and guidelines on financial underwriting, anti-money laundering, counter terrorist financing and financial and economic sanctions regimes ("Issuances"). In the event that Pru Life UK is unable to comply with such Issuances, including the relevant Customer Due Diligence ("CDD") measures as required under the Anti-Money Laundering Act, as amended, due to any act or omission on my part, Pru Life UK may (i) disapprove this Application; (ii) apply measures to restrict the services available or prohibit any further transactions on the Policy; and (iii) in case such measures are unsuccessful, terminate the business relationship. In the event of termination, any refund of premiums or payment of withdrawal value shall be subject to the terms of the Policy. I am bound by obligations set out in relevant United Nations Security Council Resolutions relating to the prevention and suppression of proliferation financing of weapons of mass destruction, including the freezing and unfreezing actions as well as prohibitions from conducting transactions with designated persons and entities.
13. If this Application is declined by Pru Life UK, its only obligation is to return the premium paid. If the Application is cancelled for failure to submit requirements, Pru Life UK will return the premium paid less fees for medical examinations it incurred.
14. I accept, agree with, and understand the features, benefits, nature, limitations, exclusions, risks, terms, and conditions of the Policy, product and attached riders. For unit-linked products, the next computed unit price following the issue date of the Policy will be applied. I agree to receive financial and other-policy related information and notifications through the mobile number and email address I have provided to Pru Life UK.

For Declaration of Understanding #15 to 16:

☐ I consent to receiving an electronic copy instead of a printed copy of my Policy (with a corresponding fee)

15. If Pru Life UK approves my Application, and I consent to receiving an electronic copy of my Policy, my Policy Data Page and the electronic copy of my Policy will be sent to my email address on record. The date that my Policy Data Page and the electronic copy of my Policy are sent via email shall be considered as my Policy Receipt Date and the 15-day free-look period, if applicable, will begin on this date.
16. I hereby understand that should I wish to receive a physical copy, I can reach out to Pru Life UK through contact.us@prulifeuk.com.ph to request for the same upon payment of appropriate fees. Should I choose to receive a physical, instead of an electronic copy of the Policy, within fifteen (15) calendar days from submission of the application form to the Company, the 15-day free-look period, if applicable, will begin on the date of receipt of a physical copy of the Policy.
17. Upon approval by Pru Life UK of this Application, Pru Life UK will provide insurance coverage in accordance with the Policy, and therefore will charge insurance premiums necessary to provide that coverage.
18. Pru Life UK ensures that its employees, agents and partner insurance brokers are qualified, experienced, ethical, duly licensed and registered, and have undergone sufficient training on Pru Life UK's products and services to enable them to provide fair and sound advice. It also adheres to the prescribed and best industry standards when dealing with its customers through answering queries, giving recommendations, processing claims, paying benefits in a timely manner, and the like.
19. When processing claims, Pru Life UK may conduct investigations to prevent fraudulent claims and ensure that the beneficiaries receive the correct payout according to the terms of the Policy.
20. Pru Life UK adheres to existing laws, rules and regulations.

DATA PRIVACY

For purposes of this section:

a. "Pru Life UK" shall refer to Pru Life Insurance Corporation of U.K., its directors, officers, employees, insurance agents, insurance brokers, other agents and representatives, reinsurers, contractors, legal advisers, and Pru Life UK's subsidiaries, affiliates and other related entities, and their directors, officers, employees, insurance agents, insurance brokers, other agents and representatives, contractors, and legal advisers.

b. "Data Subject" shall mean the Policyowner, the Life Insured, the Beneficial Owner, Beneficiaries, and all other individuals whose personal information or sensitive personal information is or will be disclosed to Pru Life UK.

Purpose Statement

The information provided by you in this application form will be used for general data processing to be done by Pru Life UK for the issuance, implementation and handling of insurance policies, risk assessment, underwriting and administration of insurance coverage and claims, provision of any service, data analytics, any legitimate interest of Pru Life UK, or any purpose permitted or required by applicable law.

Your personal data, including personal data that you may subsequently share with us during the term of your insurance coverage and in the course of administering your insurance, may be used for the development and deployment of artificial intelligence (AI) systems, including training and testing. Our AI systems will be used to provide you insurance, respond to your requests, comply with our obligations to you, and comply with law, as may be necessary. Pru Life UK's processing may be either manual or automated, which may be the sole basis of Pru Life UK's approval or denial of the application, and within or outside of the Philippines.

To enable Pru Life UK to effectively address insurance requirements and provide better service, your personal information may also, upon your explicit consent (where required), be used for profiling and direct marketing, which includes products and other offers.

During processing, we may share the information you provided to our authorized data processors to whom we outsource the processing of your information for your policy, including reinsurers, couriers and contractors for anti-money laundering systems, claims investigations and processing, risk assessment, photocopying, scanning, indexing and printing services, and other value-added services.

Our collection and processing of your personal data, including any sensitive personal information, is based on your application for insurance and other related services, any contract we may enter into with you, our legitimate interests, or a requirement under applicable law. Any information collected may be retained by Pru Life UK and our authorized data processors until ten (10) years from the date of maturity or termination of the policy or date of denial of this application, whichever comes earlier.

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, including the Medical Information Database administered by the Philippine Life Insurance Association, Inc. In accordance with the Insurance Commission's Circular Letter No. 2016-54, your medical information will be uploaded to a Medical Information Database accessible to life insurance companies for the purpose of enhancing risk assessment and preventing fraud. Once uploaded, all life insurance companies will only have limited access to your information in order to protect your right to privacy in accordance with law.
A copy of Circular Letter No. 2016-54 may be accessed at the Insurance Commission's website at http://www.insurance.gov.ph/.

For more information about your rights as a data subject and how we protect your information, you may access our privacy policy through our website at https://www.prulifeuk.com.ph/en/footer/privacy-policy/. Should you have any questions or requests in relation to the processing of your personal or sensitive personal information, or your rights as a data subject you may get in touch with our Data Protection Officer through the following:

- Postal address: 9F Uptown Place Tower 1, 1 East 11th Drive, Uptown Bonifacio, 1634 Taguig City, Metro Manila
- Telephone: (632) 8887 5433 for Metro Manila, 1 800 10 7785465 via PLDT landline for domestic toll-free
- Email: dpo@prulifeuk.com.ph

By signing this application form:

- You allow Pru Life UK to use, collect and process your personal information and sensitive personal information as specified in the Purpose Statement above, and in accordance with applicable data privacy regulations.
- You specifically consent to the activities you have checked below:

☐ Receiving Pru Life UK's promotional offers via email or SMS. You will get up to date information on product features, exclusive products, and other Pru Life UK offers. You can unsubscribe any time through the contact information provided above.

☐ Using your profile so that we can get a deeper understanding of your preferences and be able to provide you with better products and services.

- You warrant that the consent of the Beneficial Owner (if any), Beneficiaries, and all other data subjects have been obtained for the use, storage and processing of their personal data for purposes of compliance with regulatory requirements and applicable laws, the processing of this application, and the administration of the policy issued. You also undertake to provide Pru Life UK with proof of your authority to give the required consents on behalf of the other data subjects with respect to the disclosure and processing of their personal data for the legitimate purposes set out in this application or in the policy issued by Pru Life UK.
- You agree to indemnify Pru Life UK and hold it free and harmless from any damages incurred by Pru Life UK as a result of any claim filed by any of the data subjects in relation to a breach of any of the warranties above, or for any damages arising from any misrepresentation made in this application or from any material breach of its provisions.

EXECUTED AT _____ THIS ☐☐ ☐☐ ☐☐☐☐

PLACE DATE COMPLETED (mm/dd/yyyy)

✓ Signature over printed name of EMPLOYEE/MEMBER

✓ Signature over printed name of WITNESS/AGENT

✓ Signature over printed name of IRREVOCABLE BENEFICIARY/IES

CERTIFICATION OF CUSTOMARY SIGNATURE FOR EMPLOYEE/MEMBER

This is to certify that I am the same person who signed the Individual Application Form for Group Creditor Life Insurance. I confirm that the declarations and information therein were given by me personally and that they are true and complete to the best of my knowledge.