

KYC for Beneficial Owner

A requirement pursuant to AMLC Regulatory Issuance (ARI) A, B and C, No, 3, Series of 2018 - Guidelines on Identifying Beneficial Ownership and an Addendum to the Application for Life Insurance



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POLICY NUMBER

APPLICATION NUMBER

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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 Beneficial Owner in all policies are the same. Otherwise, the individual submission of Know Your Customer (KYC) Form for Beneficial Owner for each policy will be required.

PERSONAL INFORMATION OF BENEFICIAL OWNER

SURNAME				<input style="width:100%;" type="text"/>			
GIVEN NAME				<input style="width:100%;" type="text"/>			
MIDDLE NAME			OTHER LEGAL NAME/ALIAS				
<input style="width:100%;" type="text"/>			<input style="width:100%;" type="text"/>				
CIVIL STATUS		SALUTATION		GENDER			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others <input style="width:100px;" type="text"/>		<input style="width:100%;" type="text"/>		<input type="checkbox"/> Male <input type="checkbox"/> Female			
DATE OF BIRTH (mm/dd/yyyy)		AGE	PLACE OF BIRTH (city/province, country)		NATIONALITY		
<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>		
IDENTIFICATION INFORMATION		MOBILE NUMBER		TELEPHONE NUMBER		EMAIL ADDRESS	
SSS/GSIS	TIN	<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>						
OTHERS	ID NUMBER						
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>						
OCCUPATION (State exact duties; if member of AFP/PNP, state rank.)				EMPLOYER			
<input style="width:100%;" type="text"/>				<input style="width:100%;" type="text"/>			
NATURE OF WORK OR NATURE OF BUSINESS (if self-employed)				NATURE OF BUSINESS OF EMPLOYER			
<input style="width:100%;" type="text"/>				<input style="width:100%;" type="text"/>			
GROSS ANNUAL INCOME (in PhP)		NET WORTH (in PhP)		SOURCES OF FUNDS			
<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>		<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Others <input style="width:100px;" type="text"/>			
PRESENT ADDRESS (number, street, municipality/city, province)				PERMANENT ADDRESS (number, street, municipality/city, province) <small>Tick if same as present address</small>			
<input style="width:100%;" type="text"/>				<input style="width:100%;" type="text"/>			
COUNTRY		ZIP CODE		COUNTRY		ZIP CODE	
<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>	
BUSINESS/EMPLOYER ADDRESS (number, street, municipality/city, province) <small>Tick if same as present address</small>				COUNTRY			
<input style="width:100%;" type="text"/>				<input style="width:100%;" type="text"/>			
				ZIP CODE			
				<input style="width:100%;" type="text"/>			

IMPORTANT: This supplemental form should be attached to the main Application for Life Insurance.

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 _____ THIS _____

PLACE _____ DATE COMPLETED _____

✓ Signature over printed name of BENEFICIAL OWNER

Know Your Customer (KYC) requirements for Beneficial Owners

What is a Beneficial Owner?	Any natural person who ultimately owns or controls the customer, and/or on whose behalf a transaction or activity is being conducted, or has ultimate effective control over a legal person or arrangement. In relation to an entity, Beneficial Owner/s are individuals either owning or controlling at least 20% of the entity's shares or voting rights.
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