# Policy Amendment Request Form

## for Multiple Life Care Plus and Life Care Advance Plus

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.

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

(For office use only) Date received: _____ Time: _____ am/pm Received by/Deparment: _____

## FOR OFFICIAL USE ONLY

| | | | |
|---|---|---|---|
| **Date received** | **Time** a.m./p.m. | **Documents attached** ☐ Policy Contract | **Received by/Department** |
| **Release method:** ☐ For pick-up ☐ By mail | **Agent** | ☐ Health Statement ☐ Others _____ | **Receipt no./Date** |

## GENERAL INFORMATION

### Details of Life Insured

**Name of Life Insured** (Last name, First name, MI)

**Policy number**

**Nationality** (mandatory)

**Date of birth** (mm/dd/yyyy)

**Age as of last birthday**

**Gender** ☐ Male ☐ Female

**City or province of birth**

**Country of birth** (mandatory)

**For foreign national, please specify Alien Certificate of Registration number**

**TIN**

**SSS/GSIS No.**

**Others / ID Number**

Please indicate all other occupations if you are engaged in more than one occupation.

**Occupation: Give exact designation** (If member of AFP/PNP, state rank)

**Sources of funds** ☐ Salary ☐ Business ☐ Others _____

**Name of Employer**

**Nature of business**

**Gross annual income** (mandatory) ☐ PhP _____ ☐ USD _____

**Net worth** (mandatory) ☐ PhP _____ ☐ USD _____

**Do you currently file a tax return in the United States of America (USA)?** (mandatory if you are the Policyowner) ☐ Yes ☐ No

**Present address**

**Country** (mandatory)

**Permanent address**

**Country** (mandatory)

**Phone number**

**Mobile number**

**Email address**

## Details of Policyowner

Please complete this section only if you, as the Policyowner, are not the same as the Life Insured.

**Name of Life Insured** (Last name, First name, MI)

**Policy number**

**Nationality** (mandatory)

**Date of birth** (mm/dd/yyyy)

**Age as of last birthday**

**Gender**
☐ Male
☐ Female

**City or province of birth**

**Country of birth** (mandatory)

**For foreign national, please specify Alien Certificate of Registration number**

**TIN**

**SSS/GSIS No.**

**Others / ID Number**

Please indicate all other occupations if you are engaged in more than one occupation.

**Occupation: Give exact designation** (If member of AFP/PNP, state rank)

**Sources of funds**
☐ Salary ☐ Business
☐ Others _____

**Name of Employer**

**Nature of business**

**Gross annual income** (mandatory)
☐ PhP _____
☐ USD _____

**Net worth** (mandatory)
☐ PhP _____
☐ USD _____

**Do you currently file a tax return in the United States of America (USA)?**
(mandatory if you are the Policyowner)
☐ Yes ☐ No

**Present address**

**Country** (mandatory)

**Permanent address**

**Country** (mandatory)

**Phone number**

**Mobile number**

**Email address**

## CHANGES

| | |
|---|---|
| **Add** | ☐ Multiple Life Care Plus — Sum Assured: ☐ Life Care Advance Plus — Sum Assured: |
| **Mode of payment** | ☐ Annual ☐ Semi-annual ☐ Quarterly ☐ Monthly PhP/USD: |
| **Effective date** | |

## DECLARATION OF INSURABILITY FOR POLICIES ISSUED WITHIN THE LAST 12 MONTHS

I declare that since the date of completion of the application for my original Policy issued on _____ with Policy Number _____ with PRU LIFE INSURANCE CORPORATION OF U.K. (the "Company"):

(a) there has been no change in my/the Life Insured's condition of health;
(b) I/the Life Insured have not sought/received any medical advice or attention, consultation or examination or treatment whatsoever;
(c) I/the Life Insured have no signs and symptoms that would cause me/the Life Insured to seek any medical treatments and consultations in the foreseeable future;
(d) I/the Life Insured have not made an application for insurance which has been rated up, declined, postponed, modified, issued with exclusions or issued under special conditions;
(e) I/the Life Insured have no other application for insurance pending in any other company at the present time; and
(f) my/the Life Insured's insurability as a life insurance risk has not been changed by any event or circumstance.

I understand that the Company relies on the information in my said application for my original Policy and the declaration in this form as the basis for the acceptance of this amendment in my Policy

If there are any exceptions to any of the statements in the Declaration of Insurability , give full details on the space provided:

## DECLARATION OF INSURABILITY FOR POLICIES ISSUED WITHIN THE LAST 13-24 MONTHS

| Questions | Life Insured | Details if answer is yes |
|---|---|---|
| 1. During the last three (3) years, have you ever been hospitalized or consulted a medical practitioner for any medical condition that required medical treatment for over fourteen (14) consecutive days, or are you intending to do so, or have you had or been advised to have any operation, test or treatment?*<br><br>*Consultations, tests or treatment for the following conditions can be ignored: common cold, fever or flu; uncomplicated pregnancy or caesarean sections; contraception, inoculations, minor joint or muscle injuries or uncomplicated bone fractures from which you have fully recovered. | ☐ Yes ☐ No | |
| 2. Have you ever had or been told that you have, or have been treated for cancer (including carcinoma-in-situ), growth or tumor of any kind, diabetes, high blood pressure, chest pain, stroke, heart diseases, blood, respiratory diseases, kidney diseases, bowel diseases, hepatitis or liver diseases, nervous or mental disorders, spinal disorders, muscular or joint disorders, acute immunodeficiency syndrome or human immunodeficiency virus-related conditions or any other serious illness or impairment? | ☐ Yes ☐ No | |
| 3. Has your proposal, or application for renewal or reinstatement for life, disability, accidental, critical illness or health insurance made to any other company ever been declined, deferred or accepted at special rates or terms? Or have you ever made a claim for any benefit? | ☐ Yes ☐ No | |
| 4. Have any of your parents, brothers, or sisters, whether living or dead, ever suffered from cancer (including carcinoma-in-situ), heart problem (include murmur), stroke, diabetes, renal failure, liver disease or any other hereditary disease such as polycystic kidney disease, Huntington's disease, muscular dystrophy cystic fibrosis, familial adenomatous polyposis, etc. before age 60? | ☐ Yes ☐ No | |
| 5. Do you have any other application for insurance pending in any other company at the present time? | ☐ Yes ☐ No | |
| 6. Has your insurability as a life insurance risk been changed by any event or circumstance since the date of completion of the application for your original Policy issued on _____ with Policy Number _____ with PRU LIFE INSURANCE CORPORATION OF U.K.? | ☐ Yes ☐ No | |

**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 |

We declare that the above statements are true and complete and that all exceptions have been stated. The Policyowner further agrees that the above changes shall be an amendment to and form a part of the original application and of the Policy issued thereunder, and that they shall be binding on any person who shall have or claim any interest under such Policy.

EXECUTED AT _____ THIS (mm/dd/yyyy) ☐☐ ☐☐ ☐☐☐☐

PLACE DATE COMPLETED

✓ Signature over printed name of AGENT/WITNESS

CODE

✓ Signature over printed name of LIFE INSURED

✓ Signature over printed name of POLICYOWNER

# Authorization to Furnish Medical Information

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.

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

## PURPOSE STATEMENT:

The form below should be signed.

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 |

The Life Insured and any Policyowner/Third Party Payor authorizes PRU LIFE INSURANCE CORPORATION OF U.K. to obtain medical information from hospitals, medical facilities and physicians. PRU LIFE INSURANCE CORPORATION OF U.K. is also authorized to convey relevant information contained in the application documents to the reinsurer and to other insurers, as well as to receive from them or from third parties information relevant to assessing the risk. A photocopy of this authorization shall be valid as the original.

✓ Signature over printed name of LIFE INSURED

✓ Signature over printed name of Policyowner/Third Party Payor

✓ Signature over printed name of AGENT or WITNESS