

KYC for Beneficial Owner

A requirement pursuant to the 2016 Revised Implementing Rules and Regulations of RA 9160, As Amended, otherwise known as the Anti-Money Laundering Act of 2001 and an Addendum to the following Application for Life Insurance:

- Individual Insurance
- Simplified Issue



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) 683 9000, (632) 884 8484, (632) 887 LIFE 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.

CLIENT NUMBER (Policyowner)

DETAILS OF BENEFICIAL OWNER

Beneficial Owner refers to 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.

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

IMPORTANT: This supplemental form should be attached to the main New Business Application Form.