

**PRU LIFE INSURANCE CORPORATION OF U.K.
POLICY ADMINISTRATION DEPARTMENT**

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

REMINDER: Please accomplish all fields, complete all signatures of pertinent parties, and provide the proper dates as required.

POLICY INFORMATION (FOR POLICYOWNER'S USE ONLY)

| | |
|------------------------------|----------------------|
| Policy number/s: | <input type="text"/> |
| Policyowner's complete name: | <input type="text"/> |
| Updated contact number/s: | <input type="text"/> |
| Updated billing address: | <input type="text"/> |

POLICY SERVICING STATUS

Tick the box if request is an Orphan Transfer of Business (TOB) or an Active-to-Active TOB.

- My agent is no longer connected with Pru Life UK. – **Orphan TOB**
 My current agent is still active; however, I would like to be transferred to another active servicing agent. – **Active-to-Active TOB**

Requirements for Active-to-Active TOB request: (1) Consent from the current servicing agent – complete the required signatures at the bottom portion of this form. (2) Provide/specify reason for the TOB request

NEW SERVICING AGENT INFORMATION

| | |
|------------------------|----------------------|
| Agent's complete name: | <input type="text"/> |
| Agent code: | <input type="text"/> |
| Branch name: | <input type="text"/> |

ACKNOWLEDGEMENT OF POLICYOWNER

I, as the Policyowner, would like to request to be transferred to the new Pru Life UK servicing agent as stated above due to the following reason/s:

- I want to consolidate all my policies with one servicing agent.
 It is convenient for me to make transactions, I find it easy to contact the new agent, and I am comfortable discussing my policy needs.
 Others (Please specify): _____

I hereby (1) consent to the processing of my personal information by Pru Life UK for purposes deemed fit by Pru Life UK; (2) authorize Pru Life UK to disclose my information to any governmental or regulatory authority in connection with applicable laws, regulations, orders, guidelines, codes, market standard, good practices and requests of or agreement with any authority; (3) confirm that I have been duly informed by Pru Life UK of my rights under the Data Privacy Act and its Implementing Rules and Regulations, and any other data privacy laws in relation to the processing of my personal information; (4) to the extent permissible under existing laws, waive my rights under the Data Privacy Act of 2012 and such other data privacy laws currently in force; and (5) agree to provide documents and further information upon the request of Pru Life UK or as may be required for disclosure to any governmental or regulatory authority.

Signature over printed name of **POLICYOWNER**

DATE OF SIGNING (mm/dd/yyyy)

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

ACKNOWLEDGEMENT OF NEW SERVICING AGENT AND BRANCH MANAGER

I hereby accept full responsibility for all after-sales servicing requirements pertaining to the aforementioned Policy (ies) as requested by the Policyowner

| | |
|---|------------------------|
| Signature over printed name of NEW SERVICING AGENT | DATE OF SIGNING |
| Signature over printed name of BRANCH MANAGER | DATE OF SIGNING |

CONSENT OF ACTIVE SERVICING AGENT AND BRANCH MANAGER (FOR ACTIVE-TO-ACTIVE TOB ONLY)

I hereby grant my consent to the request to transfer the aforementioned Policy(ies) to another active servicing agent as requested by the Policyowner.

| | |
|---|------------------------|
| Signature over printed name of CURRENT SERVICING AGENT | DATE OF SIGNING |
| Signature over printed name of CURRENT BRANCH MANAGER | DATE OF SIGNING |

FOR OFFICIAL USE ONLY

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|--|--|--|--|
| BRANCH RECEIPT DETAILS | | HEAD OFFICE RECEIPT DETAILS | |
| PROCESSED BY: Signature over printed name of Processor | | APPROVED BY: Signature over printed name of Approver | |