

Credit Card Enrollment form



PRU LIFE INSURANCE CORPORATION OF U.K.
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Policyowner: _____
Last name First name M.I.

Policy no.: _____

Billing option (Please check)

One-time payment Recurring payment (Required for monthly mode) Amount : _____

Primary Card

Alternate card

Visa Mastercard

Visa Mastercard

Cardholder: _____
Last name First name M.I.

Cardholder: _____
Last name First name M.I.

Relationship to Policyowner: _____

Relationship to Policyowner: _____

Contact nos.: _____

Contact nos.: _____

Card no.:

Card no.:

Expiry date:
Month Year

Expiry date:
Month Year

Bank issuer: _____

Bank issuer: _____

Cardholder declaration and authorization

I hereby declare under the penalty of perjury that the information provided above is true and correct. I hereby also state that I have read and agreed to the terms and conditions stipulated at the back of this form. By affixing my signature below, I hereby authorize Pru Life UK to charge the payments due for the insurance application/policy number indicated above to my credit card account. I likewise confirm that the payments herein charged to my credit card account are valid and accurate, despite the absence of my signature in the sales slip or terminal receipt for such payments, I further waive the requirement that Pru Life UK prepare, issue, submit or deliver to me a true and completed copy of the sales slip or terminal receipt covering these payments. This authorization will be cancelled after five (5) days from receipt by Pru Life UK of my written notice to cancel it.

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Cardholder's signature: _____

Cardholder's signature: _____

Effectivity date: _____

Effectivity date: _____

Policyowner's signature: _____
 (if other than the cardholder)

Policyowner's signature: _____
 (if other than the cardholder)

Credit card enrollment requirements

Card Type	Visa and Mastercard, both local and international debit cards are not allowed
Card Ownership	Valid credit cards for enrollment are those owned by the policyholder or immediate family members (e.g. parents or siblings, if single; spouse or children, if married)
Eligible Plans	All peso & dollar-denominated plans except PIA
Premium	Initial & renewal premiums. APL/loan repayment via credit card is not allowed.
Requirements	(1) Duly accomplished Credit Card Enrollment Form (2) Photocopy of the credit card's front side (3) KYC for third party payor, if applicable For New Business applications, the credit card enrollment requirements must be attached to the Insurance Application Form

Credit card billing

Credit card billing of policies enrolled to the recurring billing option is done on the policy's due date provided that the policy is updated. If due date falls on a weekend or a holiday, billing is done on the following working day. Declined transactions are automatically rebilled for two (2) consecutive weeks from the date of first unsuccessful billing. If subsequent billing attempts are unsuccessful, you will be notified by mail to settle your outstanding premium in cash or check through any of our Pru Life branches or accredited banks.

Pru Life UK's credit card billing is subject to the security policies of the card issuer-bank. You may be required to call your card issuer to authorize our premium billing in cases involving large amount, unusual billing location, unusual transactions or unsettled balance.

Billing of the alternate card is activated in case of declined billing attempt on the primary card. Re-billing is not applicable on policies under one-time billing option.

Hold or stop billing request

A written request must be submitted to Pru Life UK branches or through your servicing agent at least five (5) working days before premium due date.

For request to hold billing, effectivity date and duration must be indicated. All back premiums shall be collected upon resumption of credit card billing.

Change in credit card details

Please update Pru Life UK of your new card details by submitting the following documents to any of our branches or through your servicing agent to avoid unsuccessful billing due to expired, lost, stolen or replaced credit cards.

Change in card expiry date	Written notice signed by the policyowner or agent
Change in card number	(1) Duly accomplished Credit Card Enrollment Form (2) Photocopy of the credit card's front side

Change of payment method

Policyowner must submit a duly accomplished Policy Amendment Request Form at least five (5) working days before premium due date. Enrollment to automatic debit arrangement (ADA) facility or submission of post-dated checks (PDC) is required for policies under monthly mode of payment.