

Customer Information Update



CIU

REMINDERS:

Please use **CAPITAL LETTERS** and **black ink**.
Tick the appropriate box to indicate your choice.
Please do not sign on a blank form.

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

POLICY NUMBERS

DETAILS OF POLICYOWNER

<p>SURNAME <input type="text"/></p> <p>GIVEN NAME <input type="text"/></p> <p>MIDDLE NAME <input type="text"/></p> <p>OTHER LEGAL NAME/ALIAS <input type="text"/></p> <p>MOBILE NUMBER <input type="text"/> TELEPHONE NUMBER <input type="text"/></p> <p>EMAIL ADDRESS <input type="text"/></p> <p>Preferred billing address for Pru Life UK correspondence: <input type="checkbox"/> Present address <input type="checkbox"/> Permanent address <input type="checkbox"/> Employer/Business address</p> <p>REASON FOR CHANGE IN ADDRESS (Note: If the new address is the same as the servicing agent's address, please indicate the relationship with the agent and reason for such request. This request is subject to further evaluation and approval in compliance with Pru Life UK guidelines.) <input type="text"/></p>	<p>PRESENT ADDRESS (number, street, municipality/city, province) <input type="text"/></p> <p>COUNTRY <input type="text"/> ZIP CODE <input type="text"/></p> <p>PERMANENT ADDRESS (number, street, municipality/city, province) <input type="checkbox"/> Tick if same as present address <input type="text"/></p> <p>COUNTRY <input type="text"/> ZIP CODE <input type="text"/></p> <p>EMPLOYER/BUSINESS ADDRESS (number, street, municipality/city, province) <input type="checkbox"/> Tick if same as present address <input type="text"/></p> <p>COUNTRY <input type="text"/> ZIP CODE <input type="text"/></p>
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POLICYOWNER VERIFICATION

I certify that the information provided in this form is true and correct. I consent to the use and processing of the above information in relation to my Policy/ies and authorize Pru Life UK to update my existing record to reflect the above information.

EXECUTED AT **THIS** (mm/dd/yyyy)
PLACE **DATE COMPLETED**

Signature over printed name of **POLICYOWNER** Signature over printed name of **WITNESS**

CERTIFICATION OF CUSTOMARY SIGNATURE FOR POLICYOWNER

This is to certify that I am the same person who signed the Application for Life Insurance. I confirm that the declarations and information therein were given by me personally and that they are true and complete to the best of my knowledge.

Finally, I certify that the signature appearing on all my forms and valid IDs is my customary signature, as follows:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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FOR OFFICIAL USE ONLY

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