

# Know Your Customer (KYC) Form

## Third-Party Disbursement (3PD)



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 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

POLICY NUMBER

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### FOR OFFICIAL USE ONLY

BRANCH

TIME

AM/PM

RECEIVED BY/DEPARTMENT

### PERSONAL DETAILS OF ATTORNEY-IN-FACT

SURNAME

GIVEN NAME

MIDDLE NAME

OTHER LEGAL NAME/ALIAS

SALUTATION

GENDER

- Male  
 Female

CIVIL STATUS

- Single  Married  
 Others

DATE OF BIRTH (mm/dd/yyyy)

AGE

NATIONALITY

PLACE OF BIRTH (city/province, country)

PRESENT ADDRESS (number, street, municipality/city, province)

COUNTRY

ZIP CODE

TELEPHONE NUMBER

MOBILE NUMBER

EMAIL ADDRESS

### POLICY DETAILS

NAME OF POLICYOWNER

RELATIONSHIP OF ATTORNEY-IN-FACT TO POLICYOWNER

REASON FOR THIRD-PARTY DISBURSEMENT

### EMPLOYMENT AND INCOME DETAILS OF ATTORNEY-IN-FACT

(Please indicate details on employment and source of income.)

EMPLOYED  
OCCUPATION

EMPLOYER

NATURE OF WORK/BUSINESS OF THE EMPLOYER

EMPLOYER/BUSINESS ADDRESS

SELF-EMPLOYED

NATURE OF SELF-EMPLOYMENT/BUSINESS

BUSINESS ADDRESS

OTHERS

### PROOF OF IDENTIFICATION SUBMITTED BY ATTORNEY-IN-FACT

TIN

SSS/GSIS NO.

OTHERS

Executed at

on

PLACE

DATE (mm/dd/yy)

Signature over printed name of ATTORNEY-IN-FACT