

Application for Variable Life Rider



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

REMINDEERS:

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.

AGENT INFORMATION (FOR AGENT'S USE ONLY)

SURNAME, GIVEN NAME, MIDDLE NAME <input type="text"/>	AGENT CODE <input type="text"/>	BRANCH <input type="text"/>
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DETAILS OF LIFE INSURED

SURNAME, GIVEN NAME, 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	SALUTATION <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Others <input type="text"/>
DATE OF BIRTH (mm/dd/yyyy) <input type="text"/>	AGE <input type="text"/>	NATIONALITY <input type="text"/>
PLACE OF BIRTH (city/province, country) <input type="text"/>		TIN/SSS/GSIS <input type="text"/>
OCCUPATION (State exact duties; if member of AFP/PNP, state rank) <input type="text"/>		OCCUPATIONAL CLASS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
NATURE OF WORK OR NATURE OF BUSINESS (If self-employed) <input type="text"/>		
EMPLOYER <input type="text"/>		
NATURE OF BUSINESS OF EMPLOYER <input type="text"/>		
GROSS ANNUAL INCOME (In PhP) <input type="text"/>	SOURCES OF FUNDS (If premium payments come from a third-party payor, please accomplish KYC for Beneficial Owner Form) <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="text"/>	
MOBILE NUMBER <input type="text"/>		
EMAIL ADDRESS <input type="text"/>		
PRESENT ADDRESS (Number, street, municipality/city, province) <input type="text"/>		COUNTRY <input type="text"/>
		ZIP CODE <input type="text"/>

DETAILS OF POLICYOWNER (Accomplish this section only if the Policyowner is different from the Life Insured)

SURNAME, GIVEN NAME, 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	SALUTATION <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Others <input type="text"/>
DATE OF BIRTH (mm/dd/yyyy) <input type="text"/>	AGE <input type="text"/>	NATIONALITY <input type="text"/>
PLACE OF BIRTH (city/province, country) <input type="text"/>		TIN/SSS/GSIS <input type="text"/>
OCCUPATION (State exact duties; if member of AFP/PNP, state rank) <input type="text"/>		OCCUPATIONAL CLASS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
NATURE OF WORK OR NATURE OF BUSINESS (If self-employed) <input type="text"/>		
EMPLOYER <input type="text"/>		
NATURE OF BUSINESS OF EMPLOYER <input type="text"/>		
GROSS ANNUAL INCOME (In PhP) <input type="text"/>	SOURCES OF FUNDS (If premium payments come from a third-party payor, please accomplish KYC for Beneficial Owner Form) <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="text"/>	
MOBILE NUMBER <input type="text"/>		
EMAIL ADDRESS <input type="text"/>		
PRESENT ADDRESS (Number, street, municipality/city, province) <input type="text"/>		COUNTRY <input type="text"/>
		ZIP CODE <input type="text"/>

FOR OFFICIAL USE ONLY

DATE RECEIVED <input type="text"/>	TIME am/pm <input type="text"/>	RECEIVED BY/ DEPARTMENT <input type="text"/>
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DETAILS OF LIFE INSURED

Variable Life Rider

Regular Premium(*) Variable Life Rider Premium

Please specify number of years to be billed

One-off Premium

*You will be regularly billed the Variable Life Rider Premium you indicated for the period you specified. If you no longer wish to be billed regularly, you may notify the Company by written request. Because these Variable Life Rider Premiums are optional, the Policyowner has the option not to make future Variable Life Rider Premiums after the first payment. Failure to pay subsequent Variable Life Rider Premium will not cause the Insurance Policy or Variable Life Rider to lapse.

Variable Life rider Premium Direction

Fund	Percentage	Rules
PRULink Money Market Fund	%	
PRULink Bond Fund	%	
PRULink Equity Fund	%	
PRULink Managed Fund	%	
PRULink Proactive Fund	%	
PRULink Growth Fund	%	
Others	%	
Total	100 %	

Premium details

Amount Receipt no. Receipt date

Cash Check no. Bank name

STATEMENT OF INSURABILITY

QUESTIONS APPLICABLE TO LIFE INSURED

Have you ever had:

1) consultation, confinement, surgical operation, or treatment for any illness or injury? If yes, please provide full details including the name(s) and addresses of any doctors consulted or hospital where you were confined in the space provided below. Yes No

2) diagnostics tests such as x-rays, ultrasonogram, blood test, CT scan, MRI, ECG, biopsy, urine or other investigation other than for routine employment purposes? If yes, please indicate the diagnostic tests taken, their purpose/s, and results in the space provided below. Yes No

3) What insurance(s) is/are now in force on the life of Life Insured?	Company <input type="text"/>	Amount of coverage <input type="text"/>	Rider(s)/Year issued <input type="text"/>
4) Has there been or will there be any change in any existing insurance in force?	<input type="checkbox"/> Yes <input type="checkbox"/> No		NOTE: If answered "YES" to questions 4 and/or 5, please accomplish the Replacement Notification section below.
5) Will premiums for the insurance applied for be paid by a policy loan from any existing policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If there are exceptions to any of the above statements, give full details in the space provided.

DECLARATION OF UNDERSTANDING

PLEASE READ CAREFULLY BEFORE SIGNING THE APPLICATION FORM:

By signing this Application, I, (i.e. each of the Policyowner and Life Insured) declare, agree to, and authorize the following:

1. All the statements and answers in this Application and any information given to Pru Life UK or its medical examiners, including any amendments, are complete, true, correct, and binding on all parties in interest under the Policy applied for.
2. Pru Life UK reserves the right to request for additional medical evidence to assess my health. Any physician, hospital, clinic, or medical organization is authorized to furnish Pru Life UK with any medical information pertaining to me.
3. Prior to the issuance of the Policy applied for, I agree to inform Pru Life UK of any change in my (a) state of health, and (b) occupation or activities.
4. If a material fact is not disclosed in this Application, the Policy issued may not be valid. I understand that if in doubt as to whether a fact is material, it will be disclosed to Pru Life UK.
5. The insurance coverage will not commence until this Application has been approved, the initial premium has been received by Pru Life UK, and the Policy has been issued while I am in good health.
6. I will update Pru Life UK in a timely manner of any change in details previously provided especially with respect to a change in citizenship, tax status, or tax residency. If the Policyowner is a corporation, changes in registered address, address of place of business, substantial shareholders, legal or beneficial owners who own or control more than 10% of the Policyowner will also be disclosed.
7. The amounts to be invested in the Policy have been declared to relevant tax authorities and were not derived, directly or indirectly, from illegal activities or sources and/or tax evasion.
8. This Application is subject to the guidelines on anti-money laundering and financial underwriting. Pru Life UK can disapprove this Application or terminate the Policy if I fail to provide the necessary information relating to the Application or relevant transaction or if the Application violates the said guidelines.
9. If this Application is declined by Pru Life UK, its only obligation is to return the premium paid. If the Application is cancelled for failure to submit requirements, Pru Life UK will return the premium paid less fees for medical examinations it incurred.
10. I accept, agree with, and understand the features, benefits, nature, limitations, exclusions, risks, terms, and conditions of the Policy, product and attached riders.
11. I agree to receive financial and other-policy related information and notifications through the mobile number and email address I have provided to Pru Life UK. In addition, I agree to be pre-registered with PRUAccess, an online facility that enables me to manage and request certain transactions involving my Policy.
I acknowledge that Pru Life UK shall not be liable for claims or liabilities incurred as a result of the dissemination of my personal information through the said facilities. I understand that if I no longer wish to receive such information or notification through email or mobile and/or be registered at PRUAccess, I may contact Pru Life UK at telephone numbers (632) 8683 9000, (632) 8884 8484, (632) 8887 LIFE within Metro Manila, 1 800 10 PRULINK for domestic toll-free, or email contact.us@prulifeuk.com.ph.

DATA PRIVACY

For purposes of this Section:

- a. "Pru Life UK" shall refer to Pru Life Insurance Corporation of U.K., its directors, officers, employees, insurance agents, insurance brokers, other agents and representatives, reinsurers, contractors, legal advisers, and Pru Life Insurance Corporation of U.K.'s subsidiaries, affiliates and other related entities, and their directors, officers, employees, insurance agents, insurance brokers, other agents and representatives, contractors and legal advisers.
 - b. "Data subject" shall mean any or all of the Policyowner, the Insured, the Beneficial Owner, Beneficiary/ies, and all other individuals whose personal information or sensitive personal information is or will be disclosed to Pru Life UK for processing, which may either be manual or automated, in relation to the issuance, implementation and handling of insurance policies, direct marketing, profiling, risk assessment, underwriting and administration of insurance coverage and claims, and data sharing with Pru Life UK.
1. I, together with all other data subjects ("We"), hereby consent to the processing of our personal information and/or sensitive personal information by Pru Life UK, within or without the Philippines, for purposes deemed fit by Pru Life UK, which shall include the manual or automated processing of our personal information and/or sensitive personal information for the issuance, implementation and handling of insurance policies, direct marketing, profiling, risk assessment, underwriting and administration of insurance coverage and claims, and data sharing with Pru Life UK.
 2. We hereby authorize Pru Life UK to disclose our particulars or any information to any Authority (governmental and other regulatory authority or self-regulatory body in various jurisdictions) in connection or adherence (whether voluntary or otherwise) with Applicable Requirements (laws, regulations, orders, guidelines, codes, market standard, good practices and requests of or agreements with any Authority as promulgated and amended from time to time). Such disclosure may be effected directly or sent through any of Pru Life UK's Head Office(s) or other related corporations, or in such manner as may be deemed fit. For purposes of the foregoing and notwithstanding any other provision in this Form or any other agreement between the parties, Pru Life UK may need us to provide further information or documents as may be required for disclosure to any Authority and we shall provide the same within such time as may be reasonably required. We hereby consent to the use and transfer of our particulars under Republic Act No. 10173, the Data Privacy Act of 2012, the Anti-Money Laundering Act of 2001, the E-Commerce Act of 2000, the Philippine AIDS Prevention and Control Act, the Magna Carta for Disabled Persons, Presidential Decree No. 1718, and any other applicable data protection legislation from time to time in force ("Data Privacy Laws").
 3. Pru Life UK, its duly authorized processors, and reinsurers are allowed to use, collect, store and process our personal and sensitive personal information obtained by Pru Life UK pursuant to this Form or the Policy/ies for legitimate purposes such as underwriting and administration of insurance coverage and claims and processing of after sales transactions. Pru Life UK is also allowed to use the aforementioned information for providing product and other offers. Any such information collected may be retained by the aforementioned parties until 10 years from the date of maturity or termination of the Policy/ies or date of denial of this request or application, whichever comes earlier.
 4. We warrant that the consent of the Beneficial Owner (if any), Beneficiary/ies and all other data subjects were obtained for the use, storage and processing of their information for purposes of compliance with regulatory requirements, the processing of this Form and administration of the Policy/ies. I undertake to provide Pru Life UK with proof of my authority to give the required consents of the other data subjects with respect to the disclosure and processing of their personal information and/or sensitive personal information for the legitimate purposes set out in this Form or in the Policy/ies.
 5. We have been duly informed by Pru Life UK of our rights under the Data Privacy Act and its Implementing Rules and Regulations, and any other Data Privacy Laws, and of all other necessary information in relation to the processing of our personal information. We have received from Pru Life UK a list of its personal data processors and we have reviewed such a list. We hereby consent to the processing by such personal data processors (and by any additional/substitute personal data processors as Pru Life UK may authorize from time to time) of our personal information.
 6. To the extent permissible under existing laws, we hereby waive our rights under the Data Privacy Act of 2012 and such other Data Privacy Laws currently in force.
 7. We understand that prior to the passage of data privacy legislation in the Philippines, particularly Republic Act No. 10173, otherwise known as the "Data Privacy Act of 2012", life insurance companies have already shared information, including ours, among themselves through an existing Medical Information Bureau (MIB) administered by the Philippine Life Insurance Association (PLIA). The sharing of medical information was done in order to enhance risk assessment and prevent fraud. In accordance with the Insurance Commission's Circular Letter No. 2016-54, we understand that our medical information, including those previously collected by the MIB, will be uploaded to a Medical Information Database accessible to life insurance companies. Once uploaded, all life insurance companies will have limited access to our information in order to protect our right to privacy in accordance with law. A copy of Circular Letter No. 2016-54 may be accessed at the Insurance Commission's website at www.insurance.gov.ph.
 8. I will indemnify Pru Life UK and hold it free and harmless for any damages incurred by Pru Life UK as a result of any claim filed by any of the data subjects in relation to a breach of any of the warranties above, or for any damages arising from any misrepresentation made in this Form or from any material breach of its provisions.

✓ Signature over printed name of **LIFE INSURED**

✓ Signature over printed name of **POLICYOWNER**

✓ Signature over printed name of **AGENT**

✓ Signature over printed name of **IRREVOCABLE BENEFICIARY/IES**

✓ Signature over printed name of **PARENT/GUARDIAN**

PLACE OF SIGNING

DATE OF SIGNING (mm/dd/yyyy)