

Mode of Release Form for funds with payout



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) 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

Application number/Policy number

Policyowner

First name	Middle name	Surname
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Life Insured

First name	Middle name	Surname
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I hereby authorize Pru Life UK to release my _____ (name of PRULink fund) payouts through:

Fund transfer to dollar account (applies to US dollar funds only)

Account holder	
Name of bank	Account type and number
Bank address/branch	Swift code/routing number

Requirement: Scanned copy of the bank statement showing account number and account name only
Note: Fund transfers are limited to accredited banks only. Please ask your insurance specialist/agent for the list of accredited banks.

Fund transfer to peso account (applies to both peso and US dollar funds)

Account holder	
Name of bank	Account type and number
Bank address/branch	Swift code/routing number

Requirement: Scanned copy of the bank statement showing account number and account name only
Note:
a. Dollar payout shall be converted to peso equivalent.
b. The foreign exchange rate shall be the Closing Spot Rate on the Declaration Date.
c. Fund transfers are limited to accredited banks only. Please ask your insurance specialist/agent for the list of accredited banks.

I further authorize Pru Life UK to convert my dollar payouts to its peso equivalent based on the Closing Spot Rate on the relevant Declaration Date.
 I am fully aware of the foreign exchange risk involved and accept its possible consequences.

Automatic account opening with Security Bank (no bank charges) (note: by choosing this option you authorize Pru Life UK to open an account in your name, with Security Bank)
 I further authorize Pru Life UK to provide the personal information and the documents set forth herein to Security Bank's authorized personnel for purposes of opening said account.

PH peso account opening **US dollar account opening**


First name	Middle name	Surname
Address		
Date of birth	Place of birth	Nationality
TIN or SSS/GSIS number		Civil status
Email address	Mobile number (for SMS notification)	Mother's maiden name (Surname, First name, Middle name)

I will also submit to Pru Life UK the following documents in relation to the opening of my bank account with Security Bank:
a. Photocopy of my valid ID; and
b. Specimen signature (Please accomplish attached Security Bank specimen signature form.)
Note: The initial and maintaining balance requirements are waived by Security Bank under this option.


Purpose Statement: The information provided by you in this registration form will be used for the general data processing to be done by Pru Life UK, which shall include: issuance, implementation and handling of insurance policies, risk assessment, underwriting, and administration and servicing of your insurance policy, data analytics, and data sharing with Pru Life UK.
 I am providing my consent to the manual or automated processing of my personal information and/or sensitive personal information by Pru Life UK, within or outside the Philippines, in accordance with the Data Privacy Act and its implementing rules and regulations, and the publicly available Pru Life UK privacy policy found in the company website at www.prulifeuk.com.ph.

Signature over printed name of Policyowner	Date of signing
X	X

Should you have any questions or requests in relation to the processing of your personal or sensitive personal information, or your rights as a data subject as listed by NPC and the Data Privacy Act, you may get in touch with our Data Protection Officer through the following: dpo@prulifeuk.com.ph or any of the contact details indicated at this form's header.

		CIF NO. <input type="text"/>
		CUSTOMER NO <input type="text"/>
CUSTOMER NAME (Surname, First Name, Middle Name)		
Please sign alike three (3) times within the space provided. Use only black ink in signing.		
1		
2		
3		
SIGNATURE TAKEN BY:	SIGNATURE VERIFIED BY:	BRANCH CODE:
Signature Over Printed Name / Date	Signature Over Printed Name / Date	
By affixing my specimen signature, I hereby authorize Security Bank to disburse funds as well as honor other related banking transactions on the basis hereof, in relation to my accounts and/or business accounts to which I am a signatory that I/we maintain in the Bank as well as all other accounts I/we may establish in the future. I likewise hereby acknowledge receipt of and agree to be bound by the appropriate Terms and Conditions governing the operation of each of my/our aforementioned accounts. The term "account" in its singular or plural form shall refer to deposit, loan, money market, Trust, Treasury, credit card, and other financial accounts which the client has or may enter into with Security Bank. For Payroll Accounts: Further, I hereby certify that my employer is duly authorized to provide the Bank with my personal information as needed in opening my payroll account. My employer is likewise authorized herein to name and appoint officers to receive from Security Bank, in my behalf, my ATM Card and PIN mailer. I am aware that the said officers are designated for control purposes, such that one shall receive my ATM Card while the other shall receive my PIN mailer.		

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		CUSTOMER NO <input type="text"/>
CUSTOMER NAME (Surname, First Name, Middle Name)		
Please sign alike three (3) times within the space provided. Use only black ink in signing.		
1		
2		
3		
SIGNATURE TAKEN BY:	SIGNATURE VERIFIED BY:	BRANCH CODE:
Signature Over Printed Name / Date	Signature Over Printed Name / Date	
By affixing my specimen signature, I hereby authorize Security Bank to disburse funds as well as honor other related banking transactions on the basis hereof, in relation to my accounts and/or business accounts to which I am a signatory that I/we maintain in the Bank as well as all other accounts I/we may establish in the future. I likewise hereby acknowledge receipt of and agree to be bound by the appropriate Terms and Conditions governing the operation of each of my/our aforementioned accounts. The term "account" in its singular or plural form shall refer to deposit, loan, money market, Trust, Treasury, credit card, and other financial accounts which the client has or may enter into with Security Bank. For Payroll Accounts: Further, I hereby certify that my employer is duly authorized to provide the Bank with my personal information as needed in opening my payroll account. My employer is likewise authorized herein to name and appoint officers to receive from Security Bank, in my behalf, my ATM Card and PIN mailer. I am aware that the said officers are designated for control purposes, such that one shall receive my ATM Card while the other shall receive my PIN mailer.		

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