



Mode of release form for PruLink Cash Flow Fund – US Dollar

PRU LIFE INSURANCE CORPORATION OF U.K.

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Application number/Policy number

Policyowner

First name	Middle name	Last name
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Life Insured

First name	Middle name	Last name
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I hereby authorize Pru Life UK to release my PruLink Cash Flow Fund – US Dollar payouts through:

Fund transfer to Dollar account

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

Note:

- Primary option for bank distribution
- Fund transfers are limited to accredited banks only. Please ask your insurance specialist/financial consultant for the list of accredited banks

Fund transfer to Peso account

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

Note:

- Dollar payout shall be converted to Peso equivalent
- The foreign exchange rate shall be the closing spot rate on the Declaration Date
- Fund transfers are limited to accredited banks only. Please ask your insurance specialist/financial consultant for the list of accredited banks

I further request and authorize Pru Life UK to convert my PruLink Cash Flow Fund – Dollar payouts to its Peso equivalent based on the Closing Spot Rate on the relevant Declaration Date

Automatic US Dollar account opening with Security Bank (no bank charges)

I further authorize Pru Life UK to do the following on my behalf: 1) open a US Dollar account with Security Bank; and 2) provide the personal information and the documents set forth herein to Security Bank's authorized personnel for purposes of opening said account.

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


- Photocopy of my valid ID; and
- 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.

I accept, agree with, and understand the above statements and waive my rights under Republic Act No. 10173, the Data Privacy Act of 2012, or any applicable data protection legislation from time to time in force.

Signature over printed name of Policyowner X	Date of signing X
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For Pru-Life Arrangement Only

	CIF NO.	<input style="width: 100%;" type="text"/>
	CUSTOMER NO.	<input style="width: 100%;" type="text"/>
CUSTOMER NAME (Last Name, 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	
<p>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.</p> <p>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.</p>		
BR - 2002-01/14		

	CIF NO.	<input style="width: 100%;" type="text"/>
	CUSTOMER NO.	<input style="width: 100%;" type="text"/>
CUSTOMER NAME (Last Name, 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	
<p>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.</p> <p>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.</p>		
BR - 2002-01/14		

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