

PRULink Application for Premium Redirection and Fund Switch



PRU LIFE INSURANCE CORPORATION OF U.K.
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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.

For official use only		
Date received	Time am/pm	Received by/Department

General information

Details of Life Insured			
Last name	First name	Middle name	Policy number
Place of birth	Date of birth (mm/dd/yy)	Age last birthday	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality	For aliens, please specify Alien Certificate of registration number:		
TIN	SSS/GSIS No.	Other IDs - Details	
Occupation: Give exact duties (If member of AFP/PNP, state rank)		Sources of funds	
Employer		Nature of business	
Present address			
Permanent address			
Telephone number	Mobile phone number	Email address	

Please indicate all other occupations if you are engaged in more than one occupation.

Details of Policyowner			
Last name	First name	Middle name	
Place of birth	Date of birth (mm/dd/yy)	Age last birthday	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality	For aliens, please specify Alien Certificate of registration number:		
TIN	SSS/GSIS No.	Other IDs - Details	
Occupation: Give exact duties (If member of AFP/PNP, state rank)		Sources of funds	
Employer		Nature of business	
Present address			
Permanent address			
Telephone number	Mobile phone number	Email address	

Please complete this section only if you, as the Policyowner, are not the same as the Life Insured.

Please indicate all other occupations if you are engaged in more than one occupation.

Please fill out other information needed at the back of this page. →

Details of Beneficiary

Last name	First name	Middle name
Updating existing record? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Details of premium redirection and fund switch**Premium redirection**

FUND	PERCENTAGE	Rules: 1. Indicate in multiples of 5% the change in premium direction. 2. New premium direction will take effect on the next premium payment. 3. Total of all funds should be 100%.
PRUlink Bond Fund	%	
PRUlink Managed Fund	%	
PRUlink Growth Fund	%	
Others: _____	%	
Total	100 %	

Fund switch

FROM (Name of fund)	TO (Name of fund)	Amount/ percentage	Rules: 1. Indicate the amount to be transferred OR indicate in multiples of 5% when switching by proportion to more than one fund. If you are switching the whole fund, indicate 100%. 2. This application, together with any switch fee payment, must be received by Pru Life UK at its home office, branch or sales offices within the specified cut-off period before the next regular pricing schedule.

Declarations

Please read carefully before signing this application and refer to your policy booklet for more information.

I understand and agree to the following:

- I/We am/are allowed to have one (1) free switch every policy year. For succeeding switch/es within the policy year, an administrative charge of 1% of the amount switched will be charged for each fund switch. Units in the source fund/s will be sold to pay for these charges.
- To make the switch, units in the sources fund/s will be sold and new units will be bought in the new fund/s.
- I/We am/are aware that submission of premium redirection/fund switch application is subject to the cut-off day set by the Company. If Pru Life UK receives my application for fund switch after the set cut-off day, the Company will use the price on the next pricing date to sell or buy units in my account/s.
- The minimum amount I can switch is subject to the minimum requirement set by the Company or in multiples of 5%. The remaining units in each source fund must be worth at least the minimum amount based on the unit price at the same time of the switch. If the value of the remaining units in the source fund is worth less than the minimum. I must switch all the units out of the fund.
- I agree that this application shall be subject to the guidelines on Anti-Money Laundering Law and Financial Underwriting. I understand that Pru Life UK has the right to deny, not issue or approve my application or transaction, or may terminate my application, transaction or policy, in the event of failure to complete verification of any relevant subject or to provide information on the purpose and intended nature of the application or transaction.
- This application will not be effective until it is officially received and approved by Pru Life UK.

I/We certify that I/we have truly and accurately recorded, to the best of my/our knowledge and belief, all answers given by me/us.

Executed at _____ this _____ day of _____ 20 _____ .

Signature over printed name of LIFE INSURED X	Signature over printed name of IRREVOCABLE BENEFICIARY/IES
Signature over printed name of POLICYOWNER (If other than the LIFE INSURED) X	Signature over printed name of AGENT as witness X

Please fill out information needed on this page.