

# PRUlink Application for Top-up



**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

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.*

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

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

**Details of top-up****Top-up direction**

Fund	Percentage	Rules
PRUlink Bond Fund	%	1. Top-ups can be made after policy issuance. 2. Top-up amount is subject to the minimum requirement set by the Company. Payment below the minimum will not be processed. 3. There is no limit on the number of top-ups per year but you are not allowed to top-up more often than daily subject to Anti-Money Laundering Laws and Financial Underwriting. 4. Top-ups are subject to initial charge.
PRUlink Managed Fund	%	
PRUlink Growth Fund	%	
Others: _____	%	
Total	100 %	

**Payment details**

Amount	Receipt no.	Receipt date
Cash      Check no.	Bank name	

**Statement of insurability****Questions on Life Insured**

1. Are you in good health, free from all diseases, deformities and abnormalities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide details if you answered "no" to any of the following questions
2. Since the original application, the Life Insured:		
a. has continued in good health;	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. has not made an application for insurance which has been declined;	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. has no other application for insurance pending at any other company at the present time;	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. has not consulted or been examined by a physician or a practitioner;	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e. his insurability as a life insurance risk has not been changed by any event or circumstances.	<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.**

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

**Declarations**

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

I understand and agree to the following:

- Information given in this application is complete and accurate.
- If Pru Life UK receives my application and top-up after the set cut-off day, the Company will use the unit price corresponding to the price on the cut-off date covering the submission of the application and top-up. Initial charge will be deducted from the top-up amount.
- Insurance charge will be deducted by selling the number of units equivalent to the amount of the charges. When the unit price is calculated, Pru Life UK will deduct from the fund an Annual Management Charge at a rate to be disclosed by the company.
- Pru Life UK reserves the right to call for any medical evidence to assess the health of the Life Insured.
- 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 the verification of any relevant subject or to provide information on the purpose and intended nature of the application or transaction.
- Should I decide not to take up this application under the standard or revised terms offered by Pru Life UK, the amount refundable to me shall be determined by Pru Life UK after taking into account the top-up paid and medical fees incurred, if any, in underwriting this application. If Pru Life UK declines this application, the top-up will be refunded to me in full.
- This application will not be effective until:
  - it is officially received and approved by Pru Life UK.
  - a Contract Endorsement is issued 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 <b>X</b>	Signature over printed name of ASSIGNEE
Signature over printed name of POLICYOWNER (If other than the LIFE INSURED) <b>X</b>	Signature over printed name of IRREVOCABLE BENEFICIARY/IES
	Signature over printed name of AGENT as WITNESS <b>X</b>

**Home office endorsement**

*Please fill out information needed on this page.*