

PRUlink Withdrawal Form

Corporate/Entity Policyowner



AWC

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

REMINDERS:

Please use **CAPITAL LETTERS** and **black ink**.
 Tick the appropriate box to indicate your choice.
 Please do not sign on a blank form.

One form may be used for multiple policies if the Policyowner and Irrevocable Beneficiary/ies are all the same. Otherwise, the individual submission of Withdrawal Form for each policy will be required.

TYPE	REQUIREMENTS
<input type="checkbox"/> PARTIAL	<input type="checkbox"/> Completed and signed PRUlink withdrawal form <input type="checkbox"/> One (1) valid government or two (2) valid non-government IDs
<input type="checkbox"/> FULL	<input type="checkbox"/> Completed and signed PRUlink withdrawal form <input type="checkbox"/> Policy Contract with original copy of the Policy Data Page <input type="checkbox"/> One (1) valid government or two (2) valid non-government IDs <input type="checkbox"/> In case of lost Policy Contract, notarized Agreement Pertaining to Loss or Destruction of Policy Form

WHAT YOU NEED TO KNOW ABOUT THE EFFECTS OF WITHDRAWING FROM YOUR POLICY

If you fully withdraw your Policy/ies, you also fully withdraw all its benefits and lose the opportunity for your investment to grow under the supervision of our expert fund managers. If you partially withdraw from your Policy/ies, you will reduce its fund value and death benefit in the event of a claim and the fund value may become insufficient to support your insurance coverage and its charges. It might be necessary to provide additional premiums or top-ups in the future to ensure that the Policy/ies remains sufficiently funded.

If you are withdrawing your Policy/ies in order to purchase a new Policy, your Policy/ies may be subject to withdrawal charges and you will lose all projected earnings coming from the withdrawn amount. Also, a new Policy will be subject to charges associated with a new product, Policy exclusions such as the contestability period, and higher premiums due to older age or adverse medical conditions. Lastly, plan features or riders attached to your existing Policy/ies may no longer be available in a new Policy.

DETAILS OF POLICYOWNER

COMPANY/BUSINESS NAME <input type="text"/> COMPANY REGISTRATION NUMBER <input type="text"/> COUNTRY OF INCORPORATION <input type="text"/> DATE OF INCORPORATION (mm/dd/yyyy) <input type="text"/>	NAME OF AUTHORIZED REPRESENTATIVE <input type="text"/> MOBILE NUMBER OF AUTHORIZED REPRESENTATIVE <input type="text"/> TELEPHONE NUMBER OF AUTHORIZED REPRESENTATIVE <input type="text"/> EMAIL ADDRESS OF AUTHORIZED REPRESENTATIVE <input type="text"/>
--	--

With changes in Policyowner's details in the records of Pru Life UK? Yes (Fill out the additional KYC details section) No

DETAILS OF WITHDRAWAL

POLICY NUMBER	FUND NAME	AMOUNT or PERCENTAGE	PARTIAL WITHDRAWAL OPTIONS FOR PRULINK PLANS WITH SURRENDER CHARGES
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> OPTION 1 Withdrawal proceeds will be less than the amount requested due to deduction of surrender charges, if applicable.
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
			<input type="checkbox"/> OPTION 2 Withdrawal proceeds will be equal to the amount requested, but additional funds may have to be withdrawn to shoulder any applicable surrender charges.
			SPECIAL INSTRUCTIONS <input type="text"/>

REASON FOR PARTIAL OR FULL WITHDRAWAL

MODE OF RELEASE OF PROCEEDS

<input type="checkbox"/> Fund transfer (PHP/USD) Name of account holder: <input type="text"/> Account number: <input type="text"/> Bank branch/branch address: <input type="text"/>	<input type="checkbox"/> Metrobank over-the-counter dollar cash withdrawal Preferred Metrobank branch: <input type="text"/> Branch address: <input type="text"/>
<input type="checkbox"/> Security Bank check pick-up Preferred Security Bank branch: <input type="text"/> Branch address: <input type="text"/>	Apply as: <input type="checkbox"/> Renewal premium <input type="checkbox"/> Top-up <input type="checkbox"/> Loan repayment <input type="checkbox"/> Policy number: <input type="text"/> <input type="checkbox"/> Others <input type="text"/>

FOR OFFICIAL USE ONLY

BRANCH RECEIPT DETAILS	HEAD OFFICE RECEIPT DETAILS
-------------------------------	------------------------------------

ADDITIONAL KNOW-YOUR-CUSTOMER (KYC) DETAILS OF THE POLICYOWNER (If there are no changes in the following information, you may skip this section.)**ANY INFORMATION PROVIDED IN THIS SECTION WILL BE USED TO UPDATE THE POLICYOWNER'S DETAILS IN OUR RECORDS****DIRECTORS**

Please attach an updated General Information Sheet for the complete list of members of the Board of Directors.

PRINCIPAL STOCKHOLDERS OWNING AT LEAST 2% OF THE GENERAL STOCK

Please attach an updated General Information Sheet for the complete list of stockholders.

BENEFICIAL OWNERS (Individuals owning/controlling more than 25% of the company's shares or voting rights.) Please attach an updated General Information Sheet.

COMPANY MOBILE NUMBER

COMPANY TELEPHONE NUMBER

COMPANY EMAIL ADDRESS

BUSINESS ADDRESS

(number, street, municipality/city, province)

ALTERNATE BUSINESS ADDRESS

(number, street, municipality/city, province)

 Tick if same as business address

COUNTRY

ZIP CODE

COUNTRY

ZIP CODE

 I warrant that the consent of the Beneficial Owner/s were obtained for the use, storage and processing of their information for purposes of compliance with regulatory requirements, the processing of the amendment applied for, 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 Beneficial Owner/s with respect to the disclosure and processing of their personal information and/or sensitive personal information for the legitimate purposes set out in this Withdrawal Form or in the Policy/ies.**DECLARATION OF UNDERSTANDING****PLEASE READ CAREFULLY BEFORE SIGNING THIS PRULINK WITHDRAWAL FORM:**

I, the Authorized Representative, understand and agree to the following:

1. This application is subject to the approval of Pru Life UK.
2. This application is subject to the guidelines on anti-money laundering and financial underwriting. Pru Life UK can disapprove this application if I fail to provide the necessary information relating to the application or relevant transaction or if the application violates the said guidelines.
3. If my application for full or partial withdrawal of my Policy/ies is approved, I absolutely and completely release, discharge and hold Pru Life UK free and harmless from all claims, demands, liabilities or any cause of action, in law or in equity, that may arise from or be related to the termination of my Policy/ies (if applicable) and any payments made by Pru Life UK pursuant to this application.
4. All documents received at the Head Office beyond the 12 noon cut-off will be included in the next pricing date.
5. All the statements and answers in this PRULink Withdrawal Form and all information given by me to Pru Life UK are complete, true, correct and binding on all parties in interest under the Policy/ies.

EXECUTED AT THIS (mm/dd/yyyy)

PLACE

DATE COMPLETED

 Signature over printed name of **POLICYOWNER / AUTHORIZED REPRESENTATIVE** Signature over printed name of **WITNESS** Signature over printed name of **IRREVOCABLE BENEFICIARY / IES** Signature over printed name of **AUTHORIZED SIGNATORY OF ASSIGNEE****CERTIFICATION OF CUSTOMARY SIGNATURE FOR POLICYOWNER / AUTHORIZED REPRESENTATIVE**

This is to certify that I am the same person who signed the Application for Life Insurance. I confirm that the declarations and information therein were given by me personally and that they are true and complete to the best of my knowledge.

Finally, I certify that the signature appearing on all my forms and valid IDs is my customary signature, as follows:

CERTIFICATION OF CUSTOMARY SIGNATURE FOR IRREVOCABLE BENEFICIARY / IES

Full name of Irrevocable Beneficiary/ies:

ADDITIONAL REQUIREMENTS WHENEVER NECESSARY

- Signed consent of Irrevocable Beneficiary/ies with one (1) copy of valid government-issued ID or two (2) valid non-government IDs with signature of Irrevocable Beneficiary/ies;
- Signed consent of the Assignee with one (1) valid government ID or two (2) non-government IDs of the Assignee or its authorized signatory;
- Court order, if the Irrevocable Beneficiary is a minor and the interest of the minor is worth more than PhP 500,000.00 for peso plans or its US dollar equivalent;
- Consular authentication, if transaction is executed abroad; and
- Duly accomplished Receipt and Release Form/Check Voucher Form upon receipt of the proceeds.

