

Reinstatement Form

Corporate/Entity Policyowner



RFC

PRU LIFE INSURANCE CORPORATION OF U.K.
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 1634 Taguig City, Philippines
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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.

One form may be used for multiple policies if the Policyowner and Life Insured in all policies are the same. Otherwise, the individual submission of Reinstatement Form for each policy will be required.

POLICY NUMBERS

TYPE	REQUIREMENTS
<input type="checkbox"/> UPDATING <input type="checkbox"/> REDATING <input type="checkbox"/> PREMIUM RESUMPTION	<input type="checkbox"/> Reinstatement Form duly dated, signed by the Life Insured and the Policyowner/Authorized Representative, witnessed and signed by the Agent/ Unit Manager (UM)/Branch Manager (BM); <input type="checkbox"/> Underwriting routine requirements; and <input type="checkbox"/> Payment of reinstatement cost. If reinstating under monthly mode of payment, the following are strictly required: <input type="checkbox"/> Twelve (12) post-dated checks (PDC), PDC certification and PDC Monthly Agreement form; or <input type="checkbox"/> Two (2) original copies of the Automatic Debit Arrangement Enrollment Form with proof of bank account; or <input type="checkbox"/> Credit Card Enrollment Form duly signed by the Policyowner and photocopy of the front portion of the credit card.

DETAILS OF LIFE INSURED	DETAILS OF POLICYOWNER
SURNAME <input type="text"/>	COMPANY/BUSINESS NAME <input type="text"/>
GIVEN NAME <input type="text"/>	COMPANY REGISTRATION NUMBER <input type="text"/>
MIDDLE NAME <input type="text"/>	COUNTRY OF INCORPORATION <input type="text"/>
OTHER LEGAL NAME/ALIAS <input type="text"/>	DATE OF INCORPORATION (mm/dd/yyyy) <input type="text"/>
DATE OF BIRTH (mm/dd/yyyy) <input type="text"/>	NATIONALITY <input type="text"/>
MOBILE NUMBER <input type="text"/>	NAME OF AUTHORIZED REPRESENTATIVE <input type="text"/>
TELEPHONE NUMBER <input type="text"/>	MOBILE NUMBER OF AUTHORIZED REPRESENTATIVE <input type="text"/>
OCCUPATION (State exact duties; if member of AFP/PNP, state rank) <input type="text"/>	TELEPHONE NUMBER OF AUTHORIZED REPRESENTATIVE <input type="text"/>
NAME OF EMPLOYER/NAME OF BUSINESS <input type="text"/>	EMAIL ADDRESS OF AUTHORIZED REPRESENTATIVE <input type="text"/>
GROSS ANNUAL INCOME (in PhP) <input type="text"/>	GROSS ANNUAL INCOME (in PhP) <input type="text"/>
With changes in Policyowner's details in the records of Pru Life UK? <input type="checkbox"/> Yes (Fill out the additional KYC details section) <input type="checkbox"/> No	

STATEMENT OF INSURABILITY

This section should be completed and signed by the Life Insured.

	Life Insured	Details
1. Are you in good health, free from all diseases, deformities and abnormalities? If no, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Since the issuance of the Policy/ies or the last reinstatement, have you:		Details of "YES" answer
a) Ever had any illness or recurrent illness, injury, medication, or disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Ever had any medical consultation, hospitalization, or surgical operation due to any condition, or been prescribed for or attended by a physician or practitioner for any cause, or undergone any diagnostic test/s? Please indicate results.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c) Ever been confined or hospitalized in a clinic, institution, or other medical facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d) Ever changed your customary occupation, or country of residence? If yes, please indicate details.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e) Ever had any application for life, accident or health insurance, or reinstatement that was declined, postponed, rated, or modified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f) Experienced death among the immediate members of your family? If yes, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. For female clients, are you now pregnant? If yes, how many months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

FOR OFFICIAL USE ONLY

BRANCH RECEIPT DETAILS	HEAD OFFICE RECEIPT DETAILS
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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 Reinstatement Form or in the Policy/ies.

AUTHORIZATION TO FURNISH MEDICAL INFORMATION

In order to be able to process this request, the Policyowner and/or Life Insured authorize PRU LIFE INSURANCE CORPORATION OF U.K. and its authorized representatives, including its investigators, to obtain the relevant medical information from hospitals, medical facilities, and physicians. A photocopy of this authorization shall be deemed as valid as the original.

DECLARATION OF UNDERSTANDING

PLEASE READ CAREFULLY BEFORE SIGNING THIS REINSTATEMENT FORM:

By signing this Reinstatement Form ("Form"), I, (i.e. each of the Policyowner/Authorized Representative, and the Life Insured) declare, agree to, and authorize the following:

1. All the statements and answers in this Reinstatement Form and any information given to Pru Life UK or its medical examiners, including any amendments, are complete, true, correct, and binding on all parties in interest under the Policy/ies.
2. Pru Life UK reserves the right to request for additional medical evidence to assess my health. Any physician, hospital, clinic, or medical organization is authorized to furnish Pru Life UK with any medical information pertaining to me.
3. Prior to the approval of the reinstatement applied for, I agree to inform Pru Life UK of any changes in my (a) state of health, and (b) occupation or activities.
4. If a material fact is not disclosed in this Reinstatement Form, the reinstatement may not be valid. I understand that if in doubt as to whether a fact is material, it will be disclosed to Pru Life UK.
5. The insurance coverage will not commence until the reinstatement has been approved, and the Policy/ies has been issued while I am in good health.
6. I will update Pru Life UK in a timely manner of any change in details previously provided especially with respect to a change in citizenship, tax status or tax residency. If the Policyowner is a corporation, changes in registered address, address of place of business, substantial shareholders, legal or beneficial owners who own or control more than 25% of the Policyowner will also be disclosed. If any of these changes occurs or if any other information comes to light concerning such changes, I agree to provide additional documents or information as may be requested by Pru Life UK, including but not limited to duly completed and/or executed (and, if necessary, notarized) tax declarations or forms.
7. This reinstatement is subject to the guidelines on anti-money laundering and financial underwriting. Pru Life UK can disapprove this reinstatement or terminate the Policy/ies if I fail to provide the necessary information relating to the application or relevant transaction or if the reinstatement violates the said guidelines.
8. I accept, agree with, and understand the features, benefits, nature, limitations, exclusions, risks, terms and conditions of the Policy/ies, product and attached riders. For unit-linked products, the next computed unit price following the Reinstatement Date of the Policy/ies will be applied.
9. I agree to receive financial and other policy-related information through the mobile number and email address provided to Pru Life UK. Pru Life UK shall not be liable for claims or liabilities incurred as a result of the dissemination of personal information through the said facilities.

(mm/dd/yyyy)

EXECUTED AT

THIS

PLACE

DATE COMPLETED

Signature over printed name of **POLICYOWNER/AUTHORIZED REPRESENTATIVE**

Signature over printed name of **WITNESS**

Signature over printed name of **LIFE INSURED**

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:

