

# Request for Cash Surrender



## 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 office use only) Date received: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm Received by/Department: \_\_\_\_\_

### Client information

Name of Life Insured			Date of birth		
Last name	First name	MI	Month	Day	Year
Name of Policyowner			Policy number		
Last name	First name	MI			
Present address			Place of birth		
Permanent address			Sex		
			Nationality		
			TIN		
Phone number	Mobile number	Email address	SSS/GSIS No.		
Name of employer			Nature of work		
Nature of self-employment/business			Sources of funds		
Name of beneficiaries, if applicable			Update existing record		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

### Reasons for surrender:

- |   |   |
|---|---|
| <input type="checkbox"/> Lack of funds                            | <input type="checkbox"/> Dissatisfaction with the service of the assigned agent/no assigned agent |
| <input type="checkbox"/> Moving abroad                            | <input type="checkbox"/> Dissatisfaction with the services of the company                         |
| <input type="checkbox"/> Replacement of Policy                    | <input type="checkbox"/> With multiple coverage   |
| <input type="checkbox"/> Plan features do not meet client's needs |   |
| <input type="checkbox"/> Others (please specify) _____            |   |

### Mode of release:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Cash</b> (subject to cash disbursement guidelines)          | <input type="checkbox"/> <b>Deposit to bank account</b> |
| <input type="checkbox"/> <b>Check</b>   | <input type="checkbox"/> <b>Fund transfer</b>           |
| <input type="checkbox"/> <b>Foreign demand draft</b> (applicable for Dollar plans only) | <input type="checkbox"/> <b>Others</b> _____            |

Bank account details: Account holder: \_\_\_\_\_  
(should be bank account of the payor) Account type and number: \_\_\_\_\_  
Name of bank: \_\_\_\_\_

### Guidelines:

- The Policy must be returned to the Company together with this form.
- Return of the withdrawn amount is not allowed once your application has been processed.
- The Policy is terminated upon processing of the cash surrender application.
- If the policy contract is lost, the form must be submitted along with a duly accomplished agreement pertaining to the loss or destruction of Policy, dated, signed, witnessed and duly notarized.
- If beneficiary is irrevocable, the beneficiary's signature is required. If irrevocable beneficiary is a minor, the judicial guardian shall sign for him and this application must be accompanied by letters of guardianship and a court order, authorizing the withdrawal of funds in the Policy.
- If your Policy has been assigned, the consent of assignee is required.
- If the assignee is a corporation, an officer of the corporation must sign for the corporation and this application must be accompanied by a certified true copy of the Board of Directors' resolution order authorizing the withdrawal of funds on the policy and giving the executing officer the power to sign this application on behalf of the corporation.
- Witness portion must be duly signed by the agent or a third party of legal age.
- If Life Insured is abroad, a current Special Power of Attorney duly by the authenticated by the Philippine Consul is required. If this cannot be obtained, the funds may be deposited in Pru Life UK's account in trust for the Life Insured or to the Life Insured's local bank account subject to the required authorization letter.
- In claiming the funds, bring one (1) government issued identification (passport, SSS, TIN, driver's license) or two (2) valid identification (company ID or professional ID)
- If a representative is designated to claim the funds, the following must be presented:
  - Authorization letter (please see back of the page); and
  - Proper identification papers

Please mark your signature at the back.

**Request for dividend/PDF withdrawal**

In consideration of and in exchange for the net cash surrender value, the Policy issued on the life of the above Insured/Policy Owner is hereby surrendered for cancellation.

In accordance with the terms of the Policy, it is hereby agreed that any indebtedness thereon to the Company will be deducted from the cash value. Said cash value is accepted in full settlement and complete satisfaction of all rights, claims and demands under said Policy.

The liability of Pru Life UK upon or in connection with said Policy is as of this date fixed and limited to such cash surrender value, and credits, if any, and upon payment thereof, the said Company shall be and is hereby completely discharged.

It is expressly represented and warranted that no other person, firm, corporation, has any interest in the said Policy except the undersigned and that no proceeding in insolvency or bankruptcy has been instituted or is pending against the undersigned

Executed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ .

**READ INSTRUCTIONS BEFORE SIGNING.**

\_\_\_\_\_  
Signature over printed name  
of Life Insured/Policyowner

\_\_\_\_\_  
Signature over printed name  
of irrevocable beneficiary

\_\_\_\_\_  
Signature over printed name  
of witness/agent

\_\_\_\_\_  
Signature over printed name  
of assignee

\_\_\_\_\_  
Signature over printed name  
of irrevocable beneficiary

\_\_\_\_\_  
Signature over printed name  
of witness/agent

**AUTHORIZATION**

This is to authorize Mr./Mrs./Miss \_\_\_\_\_, with the proper identification and whose specimen signature appears below, to get the proceeds from the withdrawal made in my behalf.

\_\_\_\_\_  
Signature over printed name  
of authorized representative

\_\_\_\_\_  
Signature over printed name  
of Life Insured/Policyowner

**ACKNOWLEDGMENT**

Received from Pru Life UK the sum of \_\_\_\_\_  
\_\_\_\_\_ (PhP/USD \_\_\_\_\_) in full settlement of the net cash surrender value of the above Policy. I hereby surrender to the Company the aforesaid Policy for cancellation and waiving of all rights and claims thereunder.

\_\_\_\_\_  
Signature over printed name  
of authorized representative

\_\_\_\_\_  
Date received