

**PRU LIFE INSURANCE CORPORATION OF U.K.**

9/F Uptown Place Tower 1, 1 East 11th Drive, Uptown Bonifacio, 1634 Taguig City, Philippines  
 Office trunklines: (632) 683 9000, (632) 884 8484  
 Customer helpdesk: (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

## Request for Uncrossing of Cheque

### Client Information

|                      |            |    |                     |
|----------------------|------------|----|---------------------|
| Name of Life Insured |            |    | Policy Number       |
| Last Name            | First Name | MI |                     |
| Name of Policy Owner |            |    | Type of Transaction |
| Last Name            | First Name | MI |                     |

### Reasons for Encashment (Please attach proof to support the chosen reason)

- I have no existing bank account
- Emergency Purposes (please specify) \_\_\_\_\_
- I am working/based outside the Philippines
- I am leaving for abroad in the next thirty (30) days

NOTE: Checking any of these reasons is NOT a guarantee that your cheque will be uncrossed. Management reserves the right to decline your request, taking into account internal policies as well as local laws and regulations on Anti-Money Laundering and Counter Terrorist Financing among others.

### Cheque Details

|                  |            |                |
|------------------|------------|----------------|
| Payee            |            |                |
| Amount of Cheque | Cheque No. | Date of Cheque |
| Name of Bank     | Branch     |                |

### Identification Cards Presented

| Type of ID   | ID No. |
|--|--------|
|  |        |
| I hereby release and discharge Pru Life UK, its directors, officers, employees, members, affiliates and all other persons having interest therein from unauthorized encashments that may arise due to this request for check uncrossing. |        |
| Signature Over Printed Name of Policy Owner<br><b>X</b>  | Date   |

### For Head Office Use

|  |      |
|--|------|
| Signature Over Printed Name of Recommending Employee<br><b>X</b> | Date |
| Signature Over Printed Name of Approving Officer<br><b>X</b>     | Date |