

# Request for dividend/ PDF withdrawal



**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  |              |      |
|                                      |               |               |  |              |      |
| Phone number                         | Mobile number | Email address | TIN  | 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 |              |      |

|  |  |        |  |       |
|--|--|--------|--|-------|
| Withdrawal of  | <input type="checkbox"/> Dividend <input type="checkbox"/> PDF | Amount | <input type="checkbox"/> Maximum available <input type="checkbox"/> Requested amount | _____ |
|  | Special instructions   |        |  |       |
| <input type="checkbox"/> Apply to premium Policy number _____ <input type="checkbox"/> Loan repayment Policy number _____ <input type="checkbox"/> Others: _____ |  |        |  |       |

**Mode of release:**

- Cash** (subject to cash disbursement guidelines)
- Check**
- Foreign demand draft** (applicable for Dollar plans only)
- Deposit to bank account**
- Fund transfer**
- Others** \_\_\_\_\_

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

**Guidelines:**

- Return of the withdrawn amount is not allowed once your application has been processed.
- If the 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.
- 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.
- 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 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**

I/We, the undersigned owner/s and/or irrevocable beneficiary/ies/assignee/s of the described Policy hereby apply for dividend/PDF withdrawal.

It is expressly represented and warranted that no other person, firm or 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 \_\_\_\_\_ ) representing the net dividend/PDF withdrawal of the above Policy.

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

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