

Transfer of Ownership Form

Individual and Corporate/Entity Policyowner



TOO

PRU LIFE INSURANCE CORPORATION OF U.K.

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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, Life Insured, and Irrevocable Beneficiary/ies are all the same. Otherwise, the individual submission of Transfer of Ownership Form for each policy will be required.

POLICY NUMBERS

TRANSFER OF OWNERSHIP FROM:	<input type="checkbox"/> INDIVIDUAL (FILL OUT PORTION A)	<input type="checkbox"/> CORPORATE/ENTITY (FILL OUT PORTION B)
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TRANSFER OF OWNERSHIP TO:	<input type="checkbox"/> INDIVIDUAL (FILL OUT PORTION C)	<input type="checkbox"/> CORPORATE/ENTITY (FILL OUT PORTION D)
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DETAILS OF EXISTING POLICYOWNER (Please ensure all fields are filled in)

A DETAILS OF EXISTING INDIVIDUAL POLICYOWNER

SURNAME [Grid]	DATE OF BIRTH (mm/dd/yyyy) [Grid]	NATIONALITY [Text]
GIVEN NAME [Grid]	MOBILE NUMBER [Text]	TELEPHONE NUMBER [Text]
MIDDLE NAME [Grid]	OCCUPATION (State exact duties; if member of AFP/PNP, state rank) [Text]	
OTHER LEGAL NAME/ALIAS [Text]	NAME OF EMPLOYER/NAME OF BUSINESS [Text]	

Do you currently file a tax return in the United States of America?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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B DETAILS OF EXISTING CORPORATE/ENTITY POLICYOWNER

COMPANY/BUSINESS NAME [Text]	NAME OF AUTHORIZED REPRESENTATIVE [Text]
COMPANY REGISTRATION NUMBER [Text]	MOBILE NUMBER OF AUTHORIZED REPRESENTATIVE [Text]
COUNTRY OF INCORPORATION [Text]	If the Policy/ies has/have more than one authorized representative, please indicate the name, position, mobile number, and email address of additional Authorized Representatives, if any: [Text]
DATE OF INCORPORATION (mm/dd/yyyy) [Grid]	

DETAILS OF NEW POLICYOWNER (Please ensure all fields are filled in)

C DETAILS OF NEW INDIVIDUAL POLICYOWNER (Continuation on the next page)

Please indicate relationship of the new Individual Policyowner to the Life Insured:

SURNAME [Grid]	OCCUPATION (State exact duties; if member of AFP/PNP, state rank) [Text]
GIVEN NAME [Grid]	NATURE OF WORK OR NATURE OF BUSINESS (If self-employed) [Text]
MIDDLE NAME [Grid]	NAME OF EMPLOYER/NAME OF BUSINESS [Text]
OTHER LEGAL NAME/ALIAS [Text]	NATURE OF BUSINESS OF EMPLOYER [Text]
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	EMPLOYER/BUSINESS ADDRESS (number, street, municipality/city, province) [Text]
CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others [Text]	SALUTATION (e.g. Mr., Mrs., Miss, etc.) [Text]
DATE OF BIRTH (mm/dd/yyyy) [Grid]	COUNTRY [Text]
AGE [Text]	ZIP CODE [Text]
NATIONALITY [Text]	GROSS ANNUAL INCOME (in PhP) [Text]
PLACE OF BIRTH (city/province, country) [Text]	SOURCES OF FUNDS <input type="checkbox"/> Salary <input type="checkbox"/> Business
TIN [Text]	NET WORTH (in PhP) [Text]
SSS/GSIS [Text]	<input type="checkbox"/> Others [Text]

FOR OFFICIAL USE ONLY

BRANCH RECEIPT DETAILS	HEAD OFFICE RECEIPT DETAILS
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DETAILS OF NEW POLICYOWNER (Please ensure all fields are filled in)

C DETAILS OF NEW INDIVIDUAL POLICYOWNER

MOBILE NUMBER <input type="text"/> TELEPHONE NUMBER <input type="text"/> EMAIL ADDRESS <input type="text"/> PRESENT ADDRESS (number, street, municipality/city, province) <input style="width:100%; height: 20px;" type="text"/> COUNTRY <input type="text"/> ZIP CODE <input type="text"/>	PERMANENT ADDRESS (number, street, municipality/city, province) <input type="checkbox"/> Tick if same as present address <input style="width:100%; height: 30px;" type="text"/> COUNTRY <input type="text"/> ZIP CODE <input type="text"/> If the address is the same as the servicing agent's address, please indicate the relationship with the agent. This request is subject to further evaluation and approval in compliance with Pru Life UK guidelines. <input style="width:100%; height: 20px;" type="text"/>
Do you currently file a tax return in the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preferred billing address of Policyowner for Pru Life UK correspondence: <input type="checkbox"/> Present address <input type="checkbox"/> Business/Employer's address <input type="checkbox"/> Permanent address	

D DETAILS OF NEW CORPORATE/ENTITY POLICYOWNER

Please indicate relationship of the new Corporate/Entity Policyowner to the Life Insured:

COMPANY/BUSINESS NAME <input style="width:100%;" type="text"/> NATURE OF BUSINESS <input style="width:100%;" type="text"/> CORPORATE/ENTITY STATUS <input type="checkbox"/> Financial institution ¹ <input type="checkbox"/> Professionally managed trust ² <input type="checkbox"/> Others <input style="width:50%;" type="text"/> <small>¹ Financial institution refers to any organization that holds a banking, securities, and/or life insurance license. Examples of financial institutions include banks, life insurers, custodians, asset managers, and investment funds. ² Professionally managed trust is a trust that is professionally managed by a bank, custodial institution, life insurance company, or investment entity that is a professional investment advisor.</small>	a) Is the company listed or traded on any regulated stock exchange? (If no, please complete question "b" below; otherwise, please ignore.) <input type="checkbox"/> Yes <input type="checkbox"/> No b) Does any USA person/entity ³ , directly or indirectly, own more than 10% of the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>³ Defined as one of the following: a) citizen or resident of the USA; b) a partnership, corporation, company, or association created or organised in the USA or under the laws of the USA; c) any USA estate; d) any USA trust subject to USA supervision and substantially controlled by a USA person.</small>
SUBSTITUTE DECLARATION STATEMENT <input type="checkbox"/> Tick if the statement below is applicable I, the authorized company/entity representative, declare that the above company (or equivalent) is not one of the following: (a) financial institution; (b) professionally managed trust; (c) non-listed entity of which more than 10% is owned by any USA person/entity; or (d) required to file a tax return in the USA.	
BUSINESS ADDRESS (number, street, municipality/city, province) <input style="width:100%; height: 30px;" type="text"/> COUNTRY <input type="text"/> ZIP CODE <input type="text"/> If the address is the same as the servicing agent's address, please indicate the relationship with the agent. This request is subject to further evaluation and approval in compliance with Pru Life UK guidelines. <input style="width:100%; height: 20px;" type="text"/>	NAME OF AUTHORIZED REPRESENTATIVE <input style="width:100%;" type="text"/> POSITION <input style="width:100%;" type="text"/> MOBILE NUMBER <input type="text"/> EMAIL ADDRESS <input type="text"/> If the Policy/ies has/have more than one authorized representative, please indicate the name, position, mobile number, and email address of additional Authorized Representatives, if any: <input style="width:100%; height: 50px;" type="text"/>
COUNTRY OF INCORPORATION <input type="text"/> DATE OF INCORPORATION (mm/dd/yyyy) <input style="width:100%; height: 20px;" type="text"/>	COMPANY REGISTRATION NUMBER <input type="text"/> TIN <input type="text"/> <input style="width:100%; height: 20px;" type="text"/>
COMPANY MOBILE NUMBER <input type="text"/> COMPANY TELEPHONE NUMBER <input type="text"/> <input style="width:100%; height: 20px;" type="text"/>	COMPANY EMAIL ADDRESS <input style="width:100%;" type="text"/>
Preferred billing address of Policyowner for Pru Life UK correspondence: <input type="checkbox"/> Insured's present address <input type="checkbox"/> Business address <input type="checkbox"/> Insured's permanent address <input type="checkbox"/> Alternative business address	

DECLARATION OF UNDERSTANDING

PLEASE READ CAREFULLY BEFORE SIGNING THIS TRANSFER OF OWNERSHIP FORM:

By signing this Transfer of Ownership Form ("Form"), I (i.e., each of the existing Policyowner, the new Policyowner, the Authorized Representative/s, the Life Insured, and the Irrevocable Beneficiary/ies, if any), declare, agree to, and authorize the following:

- All the statements and answers in this Form and any information given to Pru Life UK, including any amendments, are complete, true, correct and binding on all parties in interest under the Policy/ies.
- 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.
- This application is subject to the guidelines on anti-money laundering and financial underwriting. Pru Life UK can disapprove this application or terminate the Policy/ies if I fail to provide the necessary information relating to this application or relevant transaction or if this application violates the said guidelines.
- I fully understand and accept the consequences of the transfer requested hereunder.
- 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 said facilities.
- I understand that the Irrevocable Beneficiary/ies is/are given equal rights over the Policy/ies as the Policyowner. I, as the Policyowner, cannot exercise any rights in the Policy/ies without the approvals and signatures of all Irrevocable Beneficiary/ies. Such rights include, but are not limited to, decrease or deletion of any benefit, or change in, addition or deletion of beneficiaries.
- I understand that I must submit this Form within three (3) months from the date of signing.



DATA PRIVACY

For purposes of this Section:

- a. "Pru Life UK" shall refer to Pru Life Insurance Corporation of U.K., its directors, officers, employees, insurance agents, insurance brokers, other agents and representatives, reinsurers, contractors, legal advisers, and Pru Life Insurance Corporation of U.K.'s subsidiaries, affiliates and other related entities, and their directors, officers, employees, insurance agents, insurance brokers, other agents and representatives, contractors and legal advisers.
 - b. "Data subject" shall mean any or all of the Policyowner, the Life Insured, the Beneficial Owner, Beneficiary/ies, and all other individuals whose personal information or sensitive personal information is or will be disclosed to Pru Life UK for processing, which may either be manual or automated, in relation to the issuance, implementation and handling of insurance policies, direct marketing, profiling, risk assessment, underwriting and administration of insurance coverage and claims, data analytics, and data sharing with Pru Life UK.
1. I hereby consent to the manual or automated processing of my personal information and/or sensitive personal information by Pru Life UK, within or without the Philippines, in accordance with the Data Privacy Act and its implementing rules and regulations and the publicly available Pru Life UK privacy policy found in the company website at www.prulifeuk.com.ph, for the purposes deemed fit by Pru Life UK, which shall include issuance, implementation and handling of insurance policies, direct marketing, profiling (which includes product and other offers), risk assessment, underwriting and administration of insurance coverage and claims, data analytics, and data sharing with Pru Life UK.
 2. I hereby authorize Pru Life UK to disclose my particulars or any information to any Authority (governmental and other regulatory authority or self-regulatory body in various jurisdictions) in connection or adherence (whether voluntary or otherwise) with Applicable Requirements (laws, regulations, orders, guidelines, codes, market standard, good practices and requests of or agreements with any Authority as promulgated and amended from time to time). Such disclosure may be effected directly or sent through any of Pru Life UK's Head Office(s) or other related corporations, or in such manner as may be deemed fit. For purposes of the foregoing and notwithstanding any other provision in this Form or any other agreement between the parties, Pru Life UK may need me to provide further information or documents as may be required for disclosure to any Authority and I shall provide the same within such time as may be reasonably required. I hereby consent to the use and transfer of my particulars under Republic Act No. 10173, the Data Privacy Act of 2012, the Anti-Money Laundering Act of 2001, the E-Commerce Act of 2000, the Philippine AIDS Prevention and Control Act, the Magna Carta for Disabled Persons, Presidential Decree No. 1718, Credit Information System Act, and any other applicable data protection legislation from time to time in force ("Data Privacy Laws").
 3. Pru Life UK, its duly authorized processors such as but not limited to contractors for services providing anti-money laundering systems, claims investigation, photocopy and scanning, courier, and printing, and reinsurers are allowed to use, collect, store and process the personal and sensitive personal information obtained by Pru Life UK pursuant to this Form or the Policy/ies for legitimate purposes such as underwriting and administration of insurance coverage and claims and processing of after-sales transactions. Any such information collected may be retained by the aforementioned parties until ten (10) years from the date of maturity or termination of the Policy/ies or date of denial of this request or application, whichever comes earlier.
 4. I warrant that the consent of the Beneficial Owner (if any), Beneficiary/ies and all other data subjects were obtained for the use, storage and processing of their information for purposes of compliance with regulatory requirements, the processing of this Form and administration of the Policy/ies and I undertake to provide Pru Life UK with proof of my authority to give the required consents of the other data subjects with respect to the disclosure and processing of their personal information and/or sensitive personal information for the legitimate purposes set out in this Form or in the Policy/ies.
 5. I understand that prior to the passage of data privacy legislation in the Philippines, particularly Republic Act No. 10173, otherwise known as the "Data Privacy Act of 2012", life insurance companies have already shared information, including mine, among themselves through an existing Medical Information Bureau (MIB) administered by the Philippine Life Insurance Association (PLIA). The sharing of medical information was done in order to enhance risk assessment and prevent fraud.
In accordance with the Insurance Commission's Circular Letter No. 2016-54, I understand that my medical information, including those previously collected by the MIB, will be uploaded to a Medical Information Database accessible to life insurance companies. Once uploaded, all life insurance companies will have limited access to my information in order to protect my right to privacy in accordance with law. A copy of Circular Letter No. 2016-54 may be accessed at the Insurance Commission's website at www.insurance.gov.ph.
 6. I will indemnify Pru Life UK and hold it free and harmless for any damages incurred by Pru Life UK as a result of any claim filed by any of the data subjects in relation to a breach of any of the warranties above, or for any damages arising from any misrepresentation made in this Form or from any material breach of its provisions.

(mm/dd/yyyy)

EXECUTED AT PLACE THIS DATE COMPLETED

<p>✓ Signature over printed name of EXISTING POLICYOWNER/AUTHORIZED REPRESENTATIVE/S</p> <input style="width: 90%; height: 20px;" type="text"/>	<p>✓ Signature over printed name of WITNESS</p> <input style="width: 90%; height: 20px;" type="text"/>
<p>✓ Signature over printed name of NEW POLICYOWNER/AUTHORIZED REPRESENTATIVE/S</p> <input style="width: 90%; height: 20px;" type="text"/>	<p>✓ Signature over printed name of IRREVOCABLE BENEFICIARY/IES</p> <input style="width: 90%; height: 20px;" type="text"/>



CERTIFICATION OF CUSTOMARY SIGNATURE FOR EXISTING POLICYOWNER / AUTHORIZED REPRESENTATIVE / S

<p>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.</p> <p>Finally, I certify that the signature appearing on all my forms and valid IDs is my customary signature, as follows:</p>			
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CERTIFICATION OF CUSTOMARY SIGNATURE FOR NEW INDIVIDUAL POLICYOWNER / AUTHORIZED REPRESENTATIVE / S

Full name of New Individual Policyowner / Authorized Representative 1:			
Full name of New Individual Policyowner / Authorized Representative 2:			
Full name of New Individual Policyowner / Authorized Representative 3:			

CERTIFICATION OF CUSTOMARY SIGNATURE FOR IRREVOCABLE BENEFICIARY / IES

Full name of Irrevocable Beneficiary 1:			
Full name of Irrevocable Beneficiary 2:			
Full name of Irrevocable Beneficiary 3:			

