

### For official use only

Date received	Time am/pm	Received by/Department
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### General information

#### Details of Life Insured

Last name	First name	Middle name	Policy number
Nationality (mandatory)	Date of birth (mm/dd/yy)	Age from last birthday	<input type="checkbox"/> Male <input type="checkbox"/> Female
City or province of birth	Country of birth (mandatory)	For aliens, please specify Alien Certificate of Registration number	
TIN	SSS/GSIS no.	Other IDs - details	
Occupation: Give exact designation (If member of AFP/PNP, state rank)		Sources of funds <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Others _____	
Employer		Nature of business	
Gross annual income (mandatory)	<input type="checkbox"/> PhP <input type="checkbox"/> USD	Net worth (mandatory)	<input type="checkbox"/> PhP <input type="checkbox"/> USD
Do you currently file a tax return in the United States of America (USA)? (mandatory if you are the <b>Policyowner</b> ) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Present address			Country (mandatory)
Permanent address			Country (mandatory)
Telephone no.	Mobile phone no.	E-mail address	

Please indicate all other occupations if you are engaged in more than one occupation.

#### Details of Policyowner

Last name	First name	Middle name	Policy number
Nationality (mandatory)	Date of birth (mm/dd/yy)	Age from last birthday	<input type="checkbox"/> Male <input type="checkbox"/> Female
City or province of birth	Country of birth (mandatory)	For aliens, please specify Alien Certificate of Registration number	
TIN	SSS/GSIS no.	Other IDs - details	
Occupation: Give exact designation (If member of AFP/PNP, state rank)		Sources of funds	
Employer		Nature of business	
Gross annual income (mandatory)	<input type="checkbox"/> PhP <input type="checkbox"/> USD	Net worth (mandatory)	<input type="checkbox"/> PhP <input type="checkbox"/> USD
Do you currently file a tax return in the United States of America (USA)? (mandatory) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Present address			Country (mandatory)
Permanent address			Country (mandatory)
Telephone no.	Mobile phone no.	E-mail address	

Please complete this section only if you, as the Policyowner, are not the same as the Life Insured.

Please indicate all other occupations if you are engaged in more than one occupation.

Please fill out other information needed at the back of this page. →

**Details of Variable Life Rider**

Variable Life Rider Variable Life Rider Premium \_\_\_\_\_

Regular Premium(\*)  
Please specify number of years to be billed \_\_\_\_\_

One-off Premium

\* You will be regularly billed the Variable Life Rider Premium you indicated for the period you specified. If you no longer wish to be billed regularly, you may notify the Company by written request. Because these Variable Life Rider Premiums are optional, the Policyowner has the option not to make future Variable Life Rider Premiums after the first payment. Failure to pay subsequent Variable Life Rider Premiums will not cause the Insurance Policy or Variable Life Rider to lapse.

**Variable Life Rider Premium Direction**

Fund	Percentage	Rules
PRUlink money market fund	%	1. Variable Life Rider Premiums can be made after policy issuance. 2. Variable Life Rider Premium is subject to the minimum requirement set by Pru Life UK. 3. The number of Variable Life Rider Premiums and amount thereof shall be subject to the Anti-Money Laundering Laws, Financial Underwriting and maximum acceptance limit of Pru Life UK. 4. Variable Life Rider Premiums are subject to Initial Charge.
PRUlink bond fund	%	
PRUlink equity fund	%	
PRUlink managed fund	%	
PRUlink proactive fund	%	
PRUlink growth fund	%	
Others	%	
Total	100 %	

**Premium details**

Amount	Receipt no.	Receipt date
Cash    Check no.	Bank name	

**Statement of insurability**

**Questions on Life Insured**

1. Are you in good health, free from all diseases, deformities and abnormalities? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> 2. Since the original application, the Life Insured a. has continued in good health; <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> b. has not made an application for insurance which has been declined; <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> c. has no other application for insurance pending at any other company at the present time; <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> d. has not consulted or been examined by a physician or a practitioner; <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> e. his insurability as a life insurance risk has not been changed by any event or circumstances. <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>	Please provide details if you answered "no" to any of the following questions.
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If there are exceptions to any of the above statements, give full details in the space provided.

Please fill out other information needed on the next page. ➔

## Declarations

Please read instructions carefully before signing this application and refer to your policy booklet for more information.

I understand and agree to the following:

- Information given in this application is complete and accurate.
- If Pru Life UK receives and issues the Application for Variable Life Rider, the Unit Price will be based on the issue date of the Variable Life Rider. For succeeding Variable Life Rider Premiums, the Unit Price will be based on the approval date of such payments.
- For each Variable Life Rider Premium, an Initial Charge of 3% of the Variable Life Rider Premium will be deducted on the first year at a rate of 0.25% per month (3% over 12 months) from the date each Variable Life Rider Premium is made.
- Insurance charge will be deducted by selling the number of units equivalent to the amount of the charges.
- When the Unit Price is calculated, Pru Life UK will deduct from the fund an Annual Management Charge at a rate to be disclosed by Pru Life UK.
- Pru Life UK reserves the right to call for any medical evidence to assess the health of the Life Insured.
- I agree that this application shall be subject to the guidelines on Anti-Money Laundering Law and Financial Underwriting. I understand that Pru Life UK has the right to deny, not issue or approve my application or transaction, or may terminate my application, transaction or policy, in the event of failure to complete the verification of any relevant subject or to provide information on the purpose and intended nature of the application or transaction.
- If the application for Variable Life Rider is accepted and approved, Pru Life UK will issue the corresponding Policy Data Page. If I decide to return this Policy Data Page within fifteen (15) days from date of receipt, the amount refundable to me shall be the value of units allocated to my Variable Life Rider plus all charges related to this rider. A new Policy Data Page reflecting my benefits excluding the Variable Life Rider will be provided.
- This application will not be effective until:
  - it is officially received and approved by Pru Life UK; and
  - a Policy Booklet or Contract Endorsement (as applicable) is issued by Pru Life UK while the Life Insured is in good health.
- I agree that Pru Life UK may 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 Pru Life UK may deem it. For the purposes of the foregoing and notwithstanding any other provision in this Application or any other agreements between us, I may need to provide Pru Life UK with further information as may be required for disclosure to any Authority and I shall provide the same to Pru Life UK within such time as may be reasonably required.

The Policyowner and the Life Insured agree to and authorize any and all submissions made or to be made by Pru Life UK to the Medical Impairment Bureau of the Philippines of any information regarding the Policyowner or the Life Insured, his/her health and other aspects relating to his/her insurability, as revealed in connection with any application for insurance, additional supplementary contract, rider, or endorsement. The Policyowner, the Life Insured and all other parties hereto respectively waive their rights under Republic Act No. 10173, the Data Privacy Act of 2012, and Presidential Decree No. 1718 or any applicable data protection legislation from time to time in force.

I/ We certify that I/we have truly and accurately recorded, to the best of my/our knowledge and belief, all answers given by me/us.

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

Signature over printed name of LIFE INSURED

X

Signature over printed name of ASSIGNEE

Signature over printed name of POLICYOWNER  
(If other than the LIFE INSURED)

X

Signature over printed name of IRREVOCABLE  
BENEFICIARY/IES

Signature over printed name of PARENT/LEGAL GUARDIAN  
(If Policyowner is other than the parent of the minor LIFE INSURED)

X

Signature over printed name of AGENT as WITNESS

X

## Home office endorsement

Please fill out information needed on this page.

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