

Assignment of Policy Form

Corporate/Entity Policyowner



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) 8683 9000, (632) 8884 8484, (632) 8887 LIFE
within Metro Manila, 1 800 10 PRULINK for domestic toll-free
Email: contact.us@prulifeuk.com.ph Website: www.prulifeuk.com.ph

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.

One form may be used for multiple policies if the Policyowner, Irrevocable Beneficiary/ies and Assignees are all the same. Otherwise, the individual submission of Assignment of Policy Form for each policy will be required.

REQUIREMENTS:

- One (1) copy of the Assignment of Policy Form duly accomplished and notarized;
- Signed consent of Irrevocable Beneficiary/ies if any; and
- Copy of loan agreement, if assignee is an individual.

POLICY NUMBERS

APC 2022-000000

DETAILS OF POLICYOWNER

COMPANY/BUSINESS NAME <input type="text"/>	NAME OF AUTHORIZED REPRESENTATIVE <input type="text"/>
COMPANY REGISTRATION NUMBER <input type="text"/>	MOBILE NUMBER OF AUTHORIZED REPRESENTATIVE <input type="text"/>
COUNTRY OF INCORPORATION <input type="text"/>	TELEPHONE NUMBER OF AUTHORIZED REPRESENTATIVE <input type="text"/>
DATE OF INCORPORATION (mm/dd/yyyy) <input type="text"/>	EMAIL ADDRESS OF AUTHORIZED REPRESENTATIVE <input type="text"/>

With changes in Policyowner's details in the records of Pru Life UK?

Yes (Fill out the additional KYC details section) No

ASSIGNMENT DETAILS

ASSIGNEE <input type="text"/>	MAILING OR BUSINESS ADDRESS OF ASSIGNEE <input type="text"/>		
ASSIGNEE MOBILE NUMBER <input type="text"/>	ASSIGNEE TELEPHONE NUMBER <input type="text"/>	ASSIGNEE EMAIL ADDRESS <input type="text"/>	
AMOUNT OF LOAN <input type="text"/>			

ADDITIONAL KNOW-YOUR-CUSTOMER (KYC) DETAILS OF THE POLICYOWNER

(If there are no changes in the following information, you may skip this section.)

ANY INFORMATION PROVIDED IN THIS SECTION WILL BE USED TO UPDATE THE POLICYOWNER'S DETAILS IN OUR RECORDS

DIRECTORS

Please attach an updated General Information Sheet for the complete list of members of the Board of Directors.

PRINCIPAL STOCKHOLDERS OWNING AT LEAST 2% OF THE GENERAL STOCK

Please attach an updated General Information Sheet for the complete list of stockholders.

BENEFICIAL OWNERS (Individuals owning/controlling more than 20% of the company's shares or voting rights.) Please attach an updated General Information Sheet.

COMPANY MOBILE NUMBER

COMPANY TELEPHONE NUMBER

COMPANY EMAIL ADDRESS

BUSINESS ADDRESS

(number, street, municipality/city, province)

ALTERNATE BUSINESS ADDRESS

(number, street, municipality/city, province)

Tick if same as business address

COUNTRY

ZIP CODE

COUNTRY

ZIP CODE

I warrant that the consent of the Beneficial Owner/s were obtained for the use, storage and processing of their information for purposes of compliance with regulatory requirements, the processing of the amendment applied for, and administration of the Policy/ies. I undertake to provide Pru Life UK with proof of my authority to give the required consents of the Beneficial Owner/s with respect to the disclosure and processing of their personal information and/or sensitive personal information for the legitimate purposes set out in this Assignment of Policy Form or in the Policy/ies.

FOR OFFICIAL USE ONLY

BRANCH RECEIPT DETAILS	HEAD OFFICE RECEIPT DETAILS
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DECLARATION OF UNDERSTANDING

PLEASE READ CAREFULLY BEFORE SIGNING THE ASSIGNMENT OF POLICY FORM:

For value received and as security for the indebtedness, I hereby sell, assign and transfer to the Assignee my rights, title to and interest in the proceeds and policy benefits under the above mentioned Policy/ies issued by Pru Life Insurance Corporation of U.K. ("Pru Life UK"), subject to the terms and conditions in the Policy/ies and below ("Assignment"):

1. The Assignee shall be entitled to the proceeds and policy benefits from and under the Policy/ies to the extent of the outstanding indebtedness at the time such proceeds and policy benefits are due and payable by Pru Life UK in accordance with the terms of the Policy/ies. Any excess shall be paid to me or the beneficiaries, as applicable.
2. During the term of the Assignment, I shall submit the written consent of the Assignee prior to any release to me or the beneficiaries of any proceeds or policy benefits arising from the following:
 - (b) Full surrender of the Policy/ies; or
 - (c) Death of the Life Insured, if other than the Policyowner.
3. For variable unit-linked ("VUL") policies (or traditional policies with VUL riders), any regular payout therefrom, if applicable, shall be made to me, unless Pru Life UK receives written instructions from me to the contrary.
4. The termination of the Assignment shall take effect upon receipt by Pru Life UK from me of all documentary requirements therefor and upon written acknowledgment by Pru Life UK of such termination. All rights, title and interest in and to the proceeds and policy benefits under the Policy/ies existing at the time of termination of the Assignment shall revert to me as Policyowner.
5. Pru Life UK shall be absolved of any liability with respect to any action taken pursuant to and in accordance with the foregoing.
6. 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 20% 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.

Purpose Statement:

We will process the information you have provided in this form for the purpose of handling your request in accordance with applicable privacy laws and regulations. During processing, we may share the information you provided to our authorized data processors, including couriers and contractors for anti-money laundering systems, photocopying, scanning, indexing and printing services. We may share your information with governmental and other regulatory authorities, or self-regulatory bodies in various jurisdictions as required or allowed by applicable laws and regulations. Any information collected may be retained by Pru Life UK and our authorized data processors until ten (10) years from the date of termination of the policy.

You may revisit our privacy policy through our website at (<https://www.prulifeuk.com.ph/en/footer/privacy-policy/>). For data privacy concerns, please contact our Data Privacy Officer at:

Telephone:	(632) 8887 5433 for Metro Manila, 1 800 10 7785465 via PLDT landline for domestic toll-free
Email:	dpo@prulifeuk.com.ph

EXECUTED AT PLACE THIS (mm/dd/yyyy)

Signature over printed name of POLICYOWNER/AUTHORIZED REPRESENTATIVE

Signature over printed name of WITNESS

Signature over printed name of IRREVOCABLE BENEFICIARY/IES/ASSIGNEE

CERTIFICATION OF CUSTOMARY SIGNATURE FOR POLICYOWNER/AUTHORIZED REPRESENTATIVE

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.

Finally, I certify that the signature appearing on all my forms and valid IDs is my customary signature, as follows:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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CERTIFICATION OF CUSTOMARY SIGNATURE FOR IRREVOCABLE BENEFICIARY/IES

Full name of Irrevocable Beneficiary 1:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Full name of Irrevocable Beneficiary 2:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Full name of Irrevocable Beneficiary 3:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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ACKNOWLEDGEMENT

Republic of the Philippines

City of _____

Before me, a Notary Public in and for _____ Philippines, personally appeared the following person/s, with their respective Identity Cards, to wit:

NAME	TYPES OF ID AND ID NUMBERS	DATE/S OF PLACE/S OF ISSUE
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Known to me and to me known to be the same persons who executed the foregoing Assignment of Policy and each of them acknowledge that they executed the same freely and voluntarily for the use and purpose stated therein.

In witness whereof, I have hereunto set my hand and affixed my notarial seal on this _____ day of _____ 20__ in _____.

Doc. no. _____:

Page no. _____:

Book no. _____:

Series of _____:

NOTARY PUBLIC