

# Assignment of Policy Form

Individual 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


## API 2022-000000

### DETAILS OF POLICYOWNER

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

With changes in personal details of the Policyowner in the records of Pru Life UK?  Yes (Fill out the additional KYC details section)  No

### ASSIGNMENT DETAILS

ASSIGNEE	MAILING OR BUSINESS ADDRESS OF ASSIGNEE		
ASSIGNEE MOBILE NUMBER	ASSIGNEE TELEPHONE NUMBER	ASSIGNEE EMAIL ADDRESS	
AMOUNT OF LOAN			

### 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 YOUR PERSONAL DETAILS IN OUR RECORDS

SALUTATION (e.g. Mr., Mrs., Miss, etc.)	AGE	PLACE OF BIRTH (city/province, country)	
CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others	TIN	SSS/GSIS	
MOBILE NUMBER	TELEPHONE NUMBER	EMAIL ADDRESS	
EMPLOYER/BUSINESS MOBILE NUMBER	EMPLOYER/BUSINESS TELEPHONE NUMBER	EMPLOYER/BUSINESS EMAIL ADDRESS	
EMPLOYER/BUSINESS ADDRESS			
PRESENT ADDRESS (number, street, municipality/city, province)	PERMANENT ADDRESS (number, street, municipality/city, province)	<input type="checkbox"/> Tick if same as present address	
COUNTRY	ZIP CODE	COUNTRY	ZIP CODE

### 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:
  - (a) Request for partial withdrawal;
  - (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

✓ Signature over printed name of IRREVOCABLE BENEFICIARY/IES/ASSIGNEE

✓ Signature over printed name of WITNESS

**CERTIFICATION OF CUSTOMARY SIGNATURE FOR POLICYOWNER**

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"/>
Full name of Irrevocable Beneficiary 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full name of Irrevocable Beneficiary 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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