

# PRULink Application for Top-up



PRU LIFE INSURANCE CORPORATION OF U.K.  
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Website: www.prulifeuk.com.ph For data privacy concerns,  
please contact our Data Privacy Officer at: dpo@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.  
This form should be accompanied by one (1) valid  
government ID or two (2) valid non-government IDs.

POLICY NUMBER

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## TOP-UP REQUIREMENTS

- |   |  |
|---|--|
| <input type="checkbox"/> Completed and signed PRULink application for top-up form | <input type="checkbox"/> Proof of Payment  |
| <input type="checkbox"/> Agent's Confidential Report                              | <input type="checkbox"/> One (1) valid government or two (2) valid non-government IDs of policyowner |
| <input type="checkbox"/> Medical requirements, if deemed necessary                |  |

If PRULink Cash Flow Fund is chosen:

- ☐ One (1) copy of mode of release form

☐ I consent to updating PRU LIFE UK's records based on the Life Insured and Policy Owner details provided in this form.

## DETAILS OF LIFE INSURED

SURNAME	
<input type="text"/>	
GIVEN NAME	
<input type="text"/>	
MIDDLE NAME	
<input type="text"/>	
OTHER LEGAL NAME/ALIAS	SUFFIX
<input type="text"/>	<input type="text"/>
DATE OF BIRTH (mm/dd/yyyy)	NATIONALITY
<input type="text"/>	<input type="text"/>
MOBILE NUMBER	EMAIL ADDRESS
<input type="text"/>	<input type="text"/>
OCCUPATION (State exact duties; if member of AFP/PNP, state rank)	
<input type="text"/>	
GROSS ANNUAL INCOME (in PhP)	
<input type="text"/>	
NET WORTH (In PhP)	
<input type="text"/>	
SOURCE OF FUNDS	
<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="text"/>	
PRESENT ADDRESS	
<input type="text"/>	
<input type="text"/>	
COUNTRY	ZIP CODE
<input type="text"/>	<input type="text"/>

## DETAILS OF POLICYOWNER

☐ Tick if same as Life Insured

SURNAME	
<input type="text"/>	
GIVEN NAME	
<input type="text"/>	
MIDDLE NAME	
<input type="text"/>	
OTHER LEGAL NAME/ALIAS	SUFFIX
<input type="text"/>	<input type="text"/>
DATE OF BIRTH (mm/dd/yyyy)	NATIONALITY
<input type="text"/>	<input type="text"/>
MOBILE NUMBER	EMAIL ADDRESS
<input type="text"/>	<input type="text"/>
OCCUPATION (State exact duties; if member of AFP/PNP, state rank)	
<input type="text"/>	
GROSS ANNUAL INCOME (in PhP)	
<input type="text"/>	
NET WORTH (In PhP)	
<input type="text"/>	
SOURCE OF FUNDS	
<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="text"/>	
PRESENT ADDRESS	
<input type="text"/>	
<input type="text"/>	
COUNTRY	ZIP CODE
<input type="text"/>	<input type="text"/>

## DETAILS OF TOP-UP

### Top-up direction

Fund	Percentage	Rules
1.	%	1. Top-ups can be made after policy issuance.
2.	%	2. Top-up amount is subject to the Company's minimum and maximum acceptance limits. Payment that is not within the Company's acceptance limits will not be processed.
3.	%	3. Top-ups shall not be made more often than daily and are subject to Anti-Money Laundering laws and financial underwriting.
4.	%	4. As indicated in your Sales Illustration or Quotation Proposal, Top-ups are subject to an initial charge.
Total	100 %	

## STATEMENT OF INSURABILITY

This section should be completed by the Life Insured. The Policyowner portion should be completed if the Policy has an existing payor waiver/payor term rider.

	Life Insured	Policyowner	Details
1. Are you in good health, free from all diseases, deformities and abnormalities? If no, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Since the issuance of the Policy or the last reinstatement, have you:			Details of "YES" answer
a) Ever had any illness or recurrent illness, injury, medication, or disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Ever had any medical consultation, hospitalization, or surgical operation due to any condition, or been prescribed for or attended by a physician or practitioner for any cause, or undergone any diagnostic test/s? Please indicate results.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c) Ever been confined or hospitalized in a clinic, institution, or other medical facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d) Ever changed your customary occupation, or country of residence? If yes, please indicate details.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e) Ever had any application for life, accident or health insurance, or reinstatement that was declined, postponed, rated, or modified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f) Experienced death among the immediate members of your family? If yes, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. For female clients, are you now pregnant? If yes, how many months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If there are exceptions to any of the above statements, give full details in the space provided.

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Are you personally paying for this policy? ☐ Yes, I, the Policyowner, am paying for this policy. ☐ No, a third-party payor will be paying for this policy. Please accomplish the KYC for third-party payor form.

## DECLARATION OF UNDERSTANDING

### PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM:

I understand and agree to the following:

- Information given in this application are complete and accurate.
- The initial charge will be deducted from the top-up amount. For Variable Life Rider, the initial charge is 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 payment is made.
- Insurance charges will be deducted by selling the number of units equivalent to the amount of the charges. When the unit prices are calculated, Pru Life UK will deduct from the fund an Annual Management Charge at a rate to be determined by the company.
- Pru Life UK reserves the right to call for any medical evidence to assess the health of the Life Insured.
- This application shall be subject to all laws, regulations, resolutions and guidelines on financial underwriting, anti-money laundering, counter terrorist financing and financial and economic sanctions regimes ("Issuances"). In the event that Pru Life UK is unable to comply with such Issuances, including the relevant Customer Due Diligence ("CDD") measures as required under the Anti-Money Laundering Act, as amended, due to any act or omission on my part, Pru Life UK may (i) disapprove this application; (ii) apply measures to restrict the services available or prohibit any further transactions on the Policy; and (iii) in case such measures are unsuccessful, terminate the business relationship. In the event of termination, any refund of premiums or payment of withdrawal value shall be subject to the terms of the Policy. I am bound by obligations set out in relevant United Nations Security Council Resolutions relating to the prevention and suppression of proliferation financing of weapons of mass destruction, including the freezing and unfreezing actions as well as prohibitions from conducting transactions with designated persons and entities.
- Should I decide not to take up this application under any standard or revised terms offered by Pru Life UK, the amount refundable to me shall be determined by Pru Life UK after taking into account the top-up paid and medical fees incurred, if any, in underwriting this application. If Pru Life UK declines this application, the top-up will be refunded to me in full.
- This application will not be effective until it is officially received and approved by Pru Life UK.
- My fund choice is aligned with the result of my Investment Risk Profile. In case I was not able to accomplish the Investment Risk Profile upon application, I may accomplish the Suitability Assessment Form to determine my Investment Risk Profile, with guidance from my servicing agent. In case I choose not to accomplish the Suitability Assessment Form, I accept and understand the risk in investing in a fund without taking the aforementioned assessment. If my fund choice is not aligned with the result of my Investment Risk Profile, I confirm that I have decided to invest and completely understand the risks involved in investing in a fund which is inconsistent with my Investment Risk Profile. I expressly agree to assume these risks.
- I hereby fully waive the results of my risk assessment, release, discharge, and hold free and harmless Pru Life UK, its shareholders, directors, officers, employees, agents, affiliates and successors-in-interest, and all other persons having interest therein and thereby, from all claims, losses, damages, liabilities, demands, and causes of actions (and those incidentally connected therewith) that may arise from my own decision to invest in the fund/s with higher risks. I accept and take full responsibility for the risks and consequences of my fund choice which may or may not be consistent with the results of my Investment Risk Profile.
- In the event that I surrender or make a withdrawal from my Top-up, a Surrender Charge will be applied to the units withdrawn from my Top-ups in accordance with the table below. Withdrawals will first be drawn from units in accordance with the order of Top-ups paid, on a first-in-first-out basis. The Surrender Charge shall be based on the Policy Year counted from the date each Top-up premium is made, as follows:

Policy Year from date of each Top-up Premium	year 1	year 2	year 3	year 4	year 5	year 6 and up
Surrender Charge (as % of amount withdrawn)	5%	4%	3%	2%	1%	0%

11. Top-up Surrender Charges shall be applied on the following: PRULink Investor Account Plus, PRULink Elite Protector, Variable Life Rider, PRUMillionaire, PRULink Assurance Account Plus, PRULink Exact Protector, and PRUHealth Prime. For other plans, please refer to your Policy Booklet to confirm if Top-Up Surrender Charges will apply.

**Purpose Statement:**

We will use the information you have provided in this form to process 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.

All the statements and answers in this PRULink Application for Top-up form and all information given by me to Pru Life UK are complete, true, correct and binding on all parties in interest under the Policy.

EXECUTED AT

THIS

PLACE
DATE COMPLETED

**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

✓ Signature over printed name of  
POLICYOWNER/AUTHORIZED REPRESENTATIVE

✓ Signature over printed name of  
AUTHORIZED SIGNATORY OF ASSIGNEE