Reinstatement Form

Individual Policyowner

PRU LIFE U.K.

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.

One form may be used for multiple policies if the Policyowner and Life Insured in all policies are the same.
Otherwise, the individual submission of Reinstatement Form for each policy will be required.

POLICY NUMBERS

TYPE	REQUIREMENTS
☐ UPDATING ☐ REDATING ☐ PREMIUM RESUMPTION	☐ Reinstatement Form must be duly dated and signed by the Life Insured and the Policyowner. If either the Life Insured or the Policyowner is also the Agent, the form must be countersigned by the Unit Manager (UM) or Branch Manager (BM). ☐ Underwriting routine requirements; and ☐ Payment of reinstatement cost. If reinstating under monthly mode of payment, the following are strictly required: ☐ Twelve (12) post-dated checks (PDC), PDC certification and PDC Monthly Agreement form; or ☐ Proof of enrolment to auto-payment facility for policies under monthly mode of payment. (Auto Charge, Auto Debit, PDC)." "For payment instructions, please visit:@https://www.prulifeuk.com.ph/en/payments/"

☐ 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
GIVEN NAME
MIDDLE NAME
OTHER LEGAL NAME/ALIAS | SUFFIX
SALUTATION
DATE OF BIRTH (mm/dd/yyyy) | NATIONALITY
MOBILE NUMBER | EMAIL ADDRESS
PRESENT ADDRESS
COUNTRY | ZIP CODE
OCCUPATION (State exact duties; if member of AFP/PNP, state rank)
GROSS ANNUAL INCOME (in PhP)

DETAILS OF POLICYOWNER

☐ Tick if same as Life Insured

SURNAME
GIVEN NAME
MIDDLE NAME
OTHER LEGAL NAME/ALIAS | SUFFIX
SALUTATION
DATE OF BIRTH (mm/dd/yyyy) | NATIONALITY
MOBILE NUMBER | EMAIL ADDRESS
PRESENT ADDRESS
COUNTRY | ZIP CODE
OCCUPATION (State exact duties; if member of AFP/PNP, state rank)
GROSS ANNUAL INCOME (in PhP)

Payment Information

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.

REINSTATEMENT COST

METHOD OF PAYMENT
☐ Credit Card ☐ Cash ☐ Cheque

AUTHORIZATION TO FURNISH MEDICAL INFORMATION

In order to be able to process this request, the Policyowner and/or Life Insured authorize PRU LIFE INSURANCE CORPORATION OF U.K. and its authorized representatives, including its investigators, to obtain the relevant medical information from hospitals, medical facilities, and physicians. A photocopy of this authorization shall be deemed as valid as the original.

STATEMENT OF INSURABILITY

This section should be completed by the Life Insured. The Policyowner portion should be completed if the Policy/ies has/have 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.	☐ Yes ☐ No	☐ Yes ☐ No	
2. Since the issuance of the Policy/ies or the last reinstatement, have you:			Details of "YES" answer
a) Ever had any illness or recurrent illness, injury, medication, or disease?	☐ Yes ☐ No	☐ Yes ☐ 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.	☐ Yes ☐ No	☐ Yes ☐ No	
c) Ever been confined or hospitalized in a clinic, institution, or other medical facility?	☐ Yes ☐ No	☐ Yes ☐ No	
d) Ever changed your customary occupation, or country of residence? If yes, please indicate details.	☐ Yes ☐ No	☐ Yes ☐ No	
e) Ever had any application for life, accident or health insurance, or reinstatement that was declined, postponed, rated, or modified?	☐ Yes ☐ No	☐ Yes ☐ No	
f) Experienced death among the immediate members of your family? If yes, please provide details.	☐ Yes ☐ No	☐ Yes ☐ No	
3. For female clients, are you now pregnant? If yes, how many months?	☐ Yes ☐ No	☐ Yes ☐ No	

PLEASE READ CAREFULLY BEFORE SIGNING THIS REINSTATEMENT FORM:

By signing this Reinstatement Form ("Form"), I, (i.e. each of the Policyowner/Authorized Representative, and the Life Insured) declare, agree to, and authorize the following:

1. All the statements and answers in this Reinstatement Form and any information given to Pru Life UK or its medical examiners, including any amendments, are complete, true, correct, and binding on all parties in interest under the Policy/ies.
2. Pru Life UK reserves the right to request for additional medical evidence to assess my health. Any physician, hospital, clinic, or medical organization is authorized to furnish Pru Life UK with any medical information pertaining to me.
3. Prior to the approval of the reinstatement applied for, I agree to inform Pru Life UK of any changes in my (a) state of health, and (b) occupation or activities.
4. If a material fact is not disclosed in this Reinstatement Form, the reinstatement may not be valid. I understand that if in doubt as to whether a fact is material, it will be disclosed to Pru Life UK.
5. The insurance coverage will not commence until the reinstatement has been approved, and the Policy/ies has been issued while I am in good health.
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.
7. This reinstatement is subject to the guidelines on anti-money laundering and financial underwriting. Pru Life UK can disapprove this reinstatement or terminate the Policy/ies if I fail to provide the necessary information relating to the application or relevant transaction or if the reinstatement violates the said guidelines.
8. I accept, agree with, and understand the features, benefits, nature, limitations, exclusions, risks, terms and conditions of the Policy/ies, product and attached riders. For unit-linked products, the next computed unit price following the Reinstatement Date of the Policy/ies will be applied.
9. 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 the said facilities.

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.

EXECUTED AT _____ THIS (mm/dd/yyyy) ☐☐ ☐☐ ☐☐☐☐

PLACE

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

✓ Signature over printed name of LIFE INSURED

✓ Signature over printed name of POLICYOWNER (if other than Life Insured)