

Assignment of Policy Form

Corporate/Entity Policyowner



APC

REMINDERS:

Please use **CAPITAL LETTERS** and **black ink**.

Tick the appropriate box to indicate your choice.

Please do not sign on a blank form.

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.

PRU LIFE U.K.

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) 683 9000, (632) 884 8484, (632) 887 LIFE
within Metro Manila, 1 800 10 PRULINK for domestic toll-free

Email: contact.us@prulifeuk.com.ph • Website: www.prulifeuk.com.ph

POLICY NUMBERS

DETAILS OF POLICYOWNER

COMPANY/BUSINESS NAME <input type="text"/>
COMPANY REGISTRATION NUMBER <input type="text"/>
COUNTRY OF INCORPORATION <input type="text"/>
DATE OF INCORPORATION (mm/dd/yyyy) <input type="text"/>

NAME OF AUTHORIZED REPRESENTATIVE <input type="text"/>
MOBILE NUMBER OF AUTHORIZED REPRESENTATIVE <input type="text"/>
TELEPHONE NUMBER OF AUTHORIZED REPRESENTATIVE <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 25% 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:
 - (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 25% 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.

DATA PRIVACY

For purposes of this Section:

- a. "Pru Life UK" shall refer to Pru Life Insurance Corporation of U.K., its directors, officers, employees, insurance agents, insurance brokers, other agents and representatives, reinsurers, contractors, legal advisers, and Pru Life Insurance Corporation of U.K.'s subsidiaries, affiliates and other related entities, and their directors, officers, employees, insurance agents, insurance brokers, other agents and representatives, contractors and legal advisers.
- b. "Data subject" shall mean any or all of the Policyowner, the Life Insured, the Beneficial Owner, Beneficiary/ies, and all other individuals whose personal information or sensitive personal information is or will be disclosed to Pru Life UK for processing, which may either be manual or automated, in relation to the issuance, implementation and handling of insurance policies, direct marketing, profiling, risk assessment, underwriting and administration of insurance coverage and claims, data analytics, and data sharing with Pru Life UK.
1. I hereby consent to the manual or automated processing of my personal information and/or sensitive personal information by Pru Life UK, within or without the Philippines, in accordance with the Data Privacy Act and its implementing rules and regulations and the publicly available Pru Life UK privacy policy found in the company website at www.prulifeuk.com.ph, for the purposes deemed fit by Pru Life UK, which shall include issuance, implementation and handling of insurance policies, direct marketing, profiling (which includes product and other offers), risk assessment, underwriting and administration of insurance coverage and claims, data analytics, and data sharing with Pru Life UK.
2. I hereby authorize Pru Life UK to 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 may be deemed fit. For purposes of the foregoing and notwithstanding any other provision in this Form or any other agreement between the parties, Pru Life UK may need me to provide further information or documents as may be required for disclosure to any Authority and I shall provide the same within such time as may be reasonably required. I hereby consent to the use and transfer of my particulars under Republic Act No. 10173, the Data Privacy Act of 2012, the Anti-Money Laundering Act of 2001, the E-Commerce Act of 2000, the Philippine AIDS Prevention and Control Act, the Magna Carta for Disabled Persons, Presidential Decree No. 1718, Credit Information System Act, and any other applicable data protection legislation from time to time in force ("Data Privacy Laws").
3. Pru Life UK, its duly authorized processors such as but not limited to contractors for services providing anti-money laundering systems, claims investigation, photocopy and scanning, courier, and printing, and reinsurers are allowed to use, collect, store and process the personal and sensitive personal information obtained by Pru Life UK pursuant to this Form or the Policy/ies for legitimate purposes such as underwriting and administration of insurance coverage and claims and processing of after-sales transactions. Any such information collected may be retained by the aforementioned parties until ten (10) years from the date of maturity or termination of the Policy/ies or date of denial of this request or application, whichever comes earlier.
4. I warrant that the consent of the Beneficial Owner (if any), Beneficiary/ies and all other data subjects were obtained for the use, storage and processing of their information for purposes of compliance with regulatory requirements, the processing of this Form and administration of the Policy/ies and I undertake to provide Pru Life UK with proof of my authority to give the required consents of the other data subjects with respect to the disclosure and processing of their personal information and/or sensitive personal information for the legitimate purposes set out in this Form or in the Policy/ies.
5. I understand that prior to the passage of data privacy legislation in the Philippines, particularly Republic Act No. 10173, otherwise known as the "Data Privacy Act of 2012", life insurance companies have already shared information, including mine, among themselves through an existing Medical Information Bureau (MIB) administered by the Philippine Life Insurance Association (PLIA). The sharing of medical information was done in order to enhance risk assessment and prevent fraud.
In accordance with the Insurance Commission's Circular Letter No. 2016-54, I understand that my medical information, including those previously collected by the MIB, will be uploaded to a Medical Information Database accessible to life insurance companies. Once uploaded, all life insurance companies will have limited access to my information in order to protect my right to privacy in accordance with law. A copy of Circular Letter No. 2016-54 may be accessed at the Insurance Commission's website at www.insurance.gov.ph.
6. I will indemnify Pru Life UK and hold it free and harmless for any damages incurred by Pru Life UK as a result of any claim filed by any of the data subjects in relation to a breach of any of the warranties above, or for any damages arising from any misrepresentation made in this Form or from any material breach of its provisions.

✓ Signature over printed name of **POLICYOWNER/AUTHORIZED REPRESENTATIVE**

✓ Signature over printed name of **WITNESS**

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



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:

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CERTIFICATION OF CUSTOMARY SIGNATURE FOR IRREVOCABLE BENEFICIARY/IES

Full name of Irrevocable Beneficiary 1:			
Full name of Irrevocable Beneficiary 2:			
Full name of Irrevocable Beneficiary 3:			

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

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

