

Customer Information Update



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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

REMINDERS:

Please use **CAPITAL LETTERS** and **black ink**.
 Tick the appropriate box to indicate your choice. Please do not sign on a blank form.

POLICY NUMBERS

DETAILS OF POLICYOWNER

SURNAME <input type="text"/> GIVEN NAME <input type="text"/> MIDDLE NAME <input type="text"/> OTHER LEGAL NAME/ALIAS <input type="text"/>		PRESENT ADDRESS (number, street, municipality/city, province) <input type="text"/> COUNTRY <input type="text"/> ZIP CODE <input type="text"/>	
NATIONALITY <input type="text"/> EMAIL ADDRESS <input type="text"/> MOBILE NUMBER <input type="text"/> TELEPHONE NUMBER <input type="text"/>		PERMANENT ADDRESS (number, street, municipality/city, province) <input type="text"/> <input type="checkbox"/> Tick if same as present address	
IDENTIFICATION INFORMATION SSS/GSIS <input type="text"/> TIN <input type="text"/> OTHERS <input type="text"/> ID NUMBER <input type="text"/>		EMPLOYER/BUSINESS ADDRESS (number, street, municipality/city, province) <input type="text"/> <input type="checkbox"/> Tick if same as present address COUNTRY <input type="text"/> ZIP CODE <input type="text"/>	
OCCUPATION (State exact duties; if member of AFP/PNP, state rank.) <input type="text"/> NATURE OF WORK OR NATURE OF BUSINESS (if self-employed) <input type="text"/> EMPLOYER <input type="text"/> NATURE OF BUSINESS OF EMPLOYER <input type="text"/>		Preferred billing address for Pru Life UK correspondence: <input type="checkbox"/> Present address <input type="checkbox"/> Permanent address <input type="checkbox"/> Employer/Business address	
SOURCES OF FUNDS <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="text"/>		REASON FOR CHANGE IN ADDRESS (Note: If the new address is the same as the servicing agent's address, please indicate the relationship with the agent and reason for such request. This request is subject to further evaluation and approval in compliance with Pru Life UK guidelines.) <input type="text"/>	

DETAILS OF BENEFICIAL OWNER

Beneficial Owner refers to any natural person who ultimately owns or controls the customer, and/or on whose behalf a transaction or activity is being conducted, or has ultimate effective control over a legal person or arrangement.

In relation to an entity, Beneficial Owner/s are individuals either owning or controlling at least 20% of the entity's shares or voting rights.

Do you have a Beneficial Owner? Yes No If "YES", please accomplish the KYC for Beneficial Owner and Third Party Payor Form.

POLICYOWNER VERIFICATION

I certify that the information provided in this form is true and correct. I consent to the use and processing of the above information in relation to my Policy/ies and authorize Pru Life UK to update my existing record to reflect the above information.

EXECUTED AT PLACE THIS DATE COMPLETED (mm/dd/yyyy)

Signature over printed name of **POLICYOWNER**

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:

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FOR OFFICIAL USE ONLY

BRANCH RECEIPT DETAILS

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PROCESSED BY:

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Signature over printed name of Processor

HEAD OFFICE RECEIPT DETAILS

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APPROVED BY:

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Signature over printed name of Approver