

Customer Information Update



CIU

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"/>	PRESENT ADDRESS (number, street, municipality/city, province) <input type="text"/>
GIVEN NAME <input type="text"/>	COUNTRY <input type="text"/> ZIP CODE <input type="text"/>
MIDDLE NAME <input type="text"/>	PERMANENT ADDRESS (number, street, municipality/city, province) <input type="checkbox"/> Tick if same as present address
OTHER LEGAL NAME/ALIAS <input type="text"/>	<input type="text"/>
NATIONALITY <input type="text"/> EMAIL ADDRESS <input type="text"/>	COUNTRY <input type="text"/> ZIP CODE <input type="text"/>
MOBILE NUMBER <input type="text"/> TELEPHONE NUMBER <input type="text"/>	EMPLOYER/BUSINESS ADDRESS (number, street, municipality/city, province) <input type="checkbox"/> Tick if same as present address
IDENTIFICATION INFORMATION	<input type="text"/>
SSS/GSIS <input type="text"/> TIN <input type="text"/>	COUNTRY <input type="text"/> ZIP CODE <input type="text"/>
OTHERS <input type="text"/> ID NUMBER <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
OCCUPATION (State exact duties; if member of AFP/PNP, state rank.) <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"/>
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"/>	
SOURCES OF FUNDS <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Others <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? <input type="radio"/> Yes <input type="radio"/> 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 <input type="text"/> PLACE THIS <input type="text"/> DATE COMPLETED (mm/dd/yyyy)	
<input checked="" type="checkbox"/> Signature over printed name of POLICYOWNER <input type="text"/>	<input checked="" type="checkbox"/> Signature over printed name of WITNESS <input type="text"/>

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:

FOR OFFICIAL USE ONLY

BRANCH RECEIPT DETAILS

HEAD OFFICE RECEIPT DETAILS

PROCESSED BY:

APPROVED BY:

Signature over printed name of Processor

Signature over printed name of Approver