

PRULink Application for Premium Redirection and Fund Switch



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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.

POLICY NUMBER

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FOR OFFICIAL USE ONLY

Completed and signed PRULink application for premium redirection/fund switch form One (1) valid government or two (2) valid non-government IDs of policyowner

If PRULink Cash Flow Fund is chosen:

One (1) copy of mode of release form

DETAILS OF POLICYOWNER

SURNAME <input style="width: 95%;" type="text"/>	DATE OF BIRTH (mm/dd/yyyy) <input style="width: 100%;" type="text"/>	NATIONALITY <input style="width: 95%;" type="text"/>
GIVEN NAME <input style="width: 95%;" type="text"/>	MOBILE NUMBER <input style="width: 60%;" type="text"/>	TELEPHONE NUMBER <input style="width: 60%;" type="text"/>
MIDDLE NAME <input style="width: 95%;" type="text"/>	OCCUPATION (State exact duties; if member of AFP/PNP, state rank) <input style="width: 95%;" type="text"/>	
OTHER LEGAL NAME/ALIAS <input style="width: 95%;" type="text"/>	NAME OF EMPLOYER/NAME OF BUSINESS <input style="width: 95%;" type="text"/>	

With changes in personal details of the Policyowner in the records of Pru Life UK? Yes (Fill out the additional KYC details section) No

DETAILS OF PREMIUM REDIRECTION OR FUND SWITCH

Premium redirection (Allocation of the prospective renewal premium payments from one fund to another)

Name of fund	Percentage	Rules:
	%	1. Indicate in multiples of 5% the change in premium direction. 2. New premium direction will take effect on the next premium payment. 3. Total of all funds should be 100%.
	%	
	%	
	%	
Total	100 %	

Fund switch (Transfer of partial or all of the accumulated units from one fund to another)

FROM (Name of fund)	TO (Name of fund)	Amount/ percentage	Rules:
			1. Indicate the amount to be transferred or indicate in multiples of 5% when switching by proportion to more than one fund. If you are switching the whole fund, indicate 100%. The amount to be switched must be at least equal to the minimum amount set by the Company. 2. The remaining units in each source fund must be worth at least the minimum amount set by the Company based on the unit price at the time of the switch. If the fund value of the remaining units in the source fund is less than the minimum amount set, all of the units must be switched out of the fund.

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BRANCH RECEIPT DETAILS	HEAD OFFICE RECEIPT DETAILS	
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ADDITIONAL KNOW-YOUR-CUSTOMER (KYC) DETAILS OF THE POLICYOWNER (If there are no changes in the following information, you may skip this section.)

GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others <input type="text"/>		SALUTATION <input type="text"/> NATIONALITY <input type="text"/>		DATE OF BIRTH (mm/dd/yyyy) <input type="text"/> AGE <input type="text"/> PLACE OF BIRTH (City/province, country) <input type="text"/>	
IDENTIFICATION INFORMATION SSS/GSIS <input type="text"/> TIN <input type="text"/> OTHERS <input type="text"/> ID NUMBER <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"/>			GROSS ANNUAL INCOME (In PHP) <input type="text"/> NET WORTH (In PHP) <input type="text"/>		SOURCES OF FUNDS <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="text"/> <small>(If premium payments come from a third-party payor, please accomplish the KYC for Beneficial Owner Form)</small>		
MOBILE NUMBER <input type="text"/> TELEPHONE NUMBER <input type="text"/> EMAIL ADDRESS <input type="text"/>		PRESENT ADDRESS (Number, street, municipality/city, province) <input type="text"/> PERMANENT ADDRESS (Number, street, municipality/city, province) <input type="checkbox"/> Tick if same as present address <input type="text"/> BUSINESS/EMPLOYER'S BUSINESS ADDRESS (Number, street, municipality/city, province) <input type="text"/>		COUNTRY <input type="text"/> COUNTRY <input type="text"/> COUNTRY <input type="text"/>		ZIP CODE <input type="text"/> ZIP CODE <input type="text"/> ZIP CODE <input type="text"/>	
UPDATE YOUR MAILING ADDRESS? <input type="checkbox"/> Yes <input type="checkbox"/> No				PREFERRED MAILING ADDRESS <input type="checkbox"/> Present <input type="checkbox"/> Permanent <input type="checkbox"/> Business/Employer			

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 Form.

DECLARATION OF UNDERSTANDING

PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM:

I understand and agree to the following:

- I am granted a certain number of free switches every policy year depending on my plan features as indicated in my policy contract. For switches in excess of the free switches allotted within the policy year, a switching fee will be charged for each fund switch, as indicated in my policy contract. Units in the source fund/s will be sold to pay for these charges.
- To make the switch, units in the source fund/s will be sold and new units will be bought in the new fund/s.
- The amount to be switched must be at least equal to the minimum amount set by the Company. The remaining units in each source fund must be worth at least the minimum amount set by the Company based on the unit price at the time of the switch. If the fund value of the remaining units in the source fund is less than the minimum amount set, all of the units must be switched out of the fund.
- 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.
- 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.

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.

You may revisit our privacy policy through our website at (<https://www.prulifeuk.com.ph/en/footer/privacy-policy/>). For data privacy concerns, please contact our Data Privacy Officer at:

Telephone:	(632) 8887 5433 for Metro Manila, 1 800 10 7785465 via PLDT landline for domestic toll-free
Email:	dpo@prulifeuk.com.ph

All the statements and answers in this PRULink Application for Premium Redirection and Fund Switch 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 (mm/dd/yyyy)
PLACE DATE COMPLETED

✓ Signature over printed name of POLICYOWNER/AUTHORIZED REPRESENTATIVE

✓ Signature over printed name of WITNESS

✓ Signature over printed name of IRREVOCABLE BENEFICIARY/IES

✓ Signature over printed name of AUTHORIZED SIGNATORY OF ASSIGNEE

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.

CERTIFICATION OF CUSTOMARY SIGNATURE FOR IRREVOCABLE BENEFICIARY/IES

Full name and signature of Irrevocable Beneficiaries: