

PRULink Withdrawal Form

Individual Policyowner



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) 8683 9000, (632) 8884 8484, (632) 8887 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.
 If not applicable, put "N/A" in all empty fields.

One form may be used for multiple policies if the Policyowner and Irrevocable Beneficiary/ies are all the same. Otherwise, the individual submission of Withdrawal Form for each policy will be required.

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<input type="checkbox"/> PARTIAL	<input type="checkbox"/> Completed and signed PRULink withdrawal form
<input type="checkbox"/> FULL	<input type="checkbox"/> One (1) valid government or two (2) valid non-government IDs of policyowner

WHAT YOU NEED TO KNOW ABOUT THE EFFECTS OF WITHDRAWING FROM YOUR POLICY

If you fully withdraw your Policy, you also fully withdraw all its benefits and lose the opportunity for the investment linked to your insurance plan to grow under the supervision of our expert fund managers. If you partially withdraw from your Policy, you will reduce its fund value and death benefit in the event of a claim and the fund value may become insufficient to support your insurance coverage and its charges. It might be necessary to provide additional premiums or top-ups in the future to ensure that the Policy remains sufficiently funded.

If you are withdrawing your Policy in order to purchase a new Policy, your Policy may be subject to withdrawal charges and you will lose all projected earnings coming from the withdrawn amount. Also, a new Policy will be subject to charges associated with a new product, Policy exclusions such as the contestability period, and higher premiums due to older age or adverse medical conditions. Lastly, plan features or riders attached to your existing Policy may no longer be available in a new Policy.

DETAILS OF POLICYOWNER

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

POLICY NUMBER	FUND NAME	AMOUNT or PERCENTAGE	PARTIAL WITHDRAWAL OPTIONS FOR PRULINK PLANS WITH SURRENDER CHARGES
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> OPTION 1 Withdrawal proceeds will be less than the amount requested due to deduction of surrender charges, if applicable
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> OPTION 2 Withdrawal proceeds will be equal to the amount requested, but additional funds may have to be withdrawn from the remaining funds to shoulder any applicable surrender charges.
<input type="text"/>	<input type="text"/>	<input type="text"/>	SPECIAL INSTRUCTIONS <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	

REASON FOR PARTIAL OR FULL WITHDRAWAL

MODE OF RELEASE OF PROCEEDS (Please ensure that the account information provided is accurate.)

<input type="checkbox"/> Fund transfer (Php/USD) Name of account holder: <input type="text"/> Account number: <input type="text"/> Bank name: <input type="text"/> Bank branch/branch address: <input type="text"/>	<input type="checkbox"/> Metrobank over-the-counter dollar cash withdrawal Preferred Metrobank branch: <input type="text"/> Branch address: <input type="text"/>
<input type="checkbox"/> Security Bank check pick-up Preferred Security Bank branch: <input type="text"/> Branch address: <input type="text"/>	Apply as: <input type="checkbox"/> Renewal premium <input type="checkbox"/> Top-up <input type="checkbox"/> Loan repayment <input type="text"/> <input type="checkbox"/> Others <input type="text"/>

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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"/>
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IDENTIFICATION INFORMATION	OCCUPATION (State exact duties; if member of AFP/PNP, state rank) <input type="text"/>
SSS/GSIS <input type="text"/> TIN <input type="text"/> OTHERS <input type="text"/> ID NUMBER <input type="text"/>	NATURE OF WORK OR NATURE OF BUSINESS (If self-employed) <input type="text"/>

EMPLOYER <input type="text"/>	GROSS ANNUAL INCOME (In PhP) <input type="text"/>	SOURCES OF FUNDS <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="text"/>
NATURE OF BUSINESS OF EMPLOYER <input type="text"/>	NET WORTH (In PhP) <input type="text"/>	(If premium payments come from a third-party payor, please accomplish the KYC for Beneficial Owner Form)

MOBILE NUMBER <input type="text"/>	PRESENT ADDRESS (Number, street, municipality/city, province) <input type="text"/>	COUNTRY <input type="text"/>	ZIP CODE <input type="text"/>
TELEPHONE NUMBER <input type="text"/>	PERMANENT ADDRESS (Number, street, municipality/city, province) <input type="checkbox"/> Tick if same as present address <input type="text"/>	COUNTRY <input type="text"/>	ZIP CODE <input type="text"/>
EMAIL ADDRESS <input type="text"/>	BUSINESS/EMPLOYER'S BUSINESS ADDRESS (Number, street, municipality/city, province) <input type="text"/>	COUNTRY <input type="text"/>	ZIP CODE <input type="text"/>

UPDATE YOUR MAILING ADDRESS? Yes No **PREFERRED MAILING ADDRESS** Present Permanent Business/Employer

DECLARATION OF UNDERSTANDING

PLEASE READ CAREFULLY BEFORE SIGNING THIS PRULINK WITHDRAWAL FORM:

- I understand and agree to the following:
- This application is subject to the approval of Pru Life UK.
 - 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.
 - If my application for full or partial withdrawal of my Policy is approved, I absolutely and completely release, discharge and hold Pru Life UK free and harmless from all claims, demands, liabilities or any cause of action, in law or in equity, that may arise from or be related to the termination of my Policy (if applicable), any transaction implemented by Pru Life UK based on information I have provided in this application, and any payment made by Pru Life UK pursuant to this application.
 - All the statements and answers in this PRULink Withdrawal 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.
 - A surrender charge will be applied to the units withdrawn from your Regular Premiums and Top-ups. It will be deducted from the account by selling the number of units equivalent to the amount of the charge. Withdrawals will be withdrawn from units in accordance with the order of Regular Premiums and/or Top-ups paid, on a first-in-first-out basis. If withdrawals are drawn from units created from the Regular Premiums, the Policy Year will be counted from the Policy Effectivity Date. If withdrawals are drawn from units created from Top-ups, the Policy Year will be counted from the date the Top-up is made.

For the surrender charges on Top-ups, please refer to the table below. Please refer to your Policy Booklet to confirm if surrender charges on Regular Premiums will apply.

Policy Year from the date of each Top-up Premium	year 1	year 2	year 3	year 4	year 5	year 6 and up
Surrender Charge (as % of amount withdrawn)	5%	4%	3%	2%	1%	0%

6. Top-up Surrender Charges shall be applied on the following: PRULink Investor Account Plus, PRULink Elite Protector, Variable Life Rider, PRUMillionaire, PRULink Assurance Account Plus, PRULink Exact Protector, and PRUHealth Prime. For other plans, please refer to your Policy Booklet to confirm if Top-Up Surrender Charges will apply.

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

EXECUTED AT	PLACE	THIS	DATE COMPLETED
			(mm/dd/yyyy)
<input checked="" type="checkbox"/> Signature over printed name of POLICYOWNER <input style="width: 100%; height: 30px;" type="text"/>	<input checked="" type="checkbox"/> Signature over printed name of WITNESS <input style="width: 100%; height: 30px;" type="text"/>		
<input checked="" type="checkbox"/> Signature over printed name of IRREVOCABLE BENEFICIARY/IES <input style="width: 100%; height: 30px;" type="text"/>	<input checked="" type="checkbox"/> Signature over printed name of AUTHORIZED SIGNATORY OF ASSIGNEE <input style="width: 100%; height: 30px;" type="text"/>		

CERTIFICATION OF CUSTOMARY SIGNATURE FOR POLICYOWNER

<p>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:</p>	<input style="width: 150px; height: 60px; margin: 5px;" type="text"/> <input style="width: 150px; height: 60px; margin: 5px;" type="text"/> <input style="width: 150px; height: 60px; margin: 5px;" type="text"/>
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CERTIFICATION OF CUSTOMARY SIGNATURE FOR IRREVOCABLE BENEFICIARY/IES

<p>Full name and signature of Irrevocable Beneficiary/ies:</p>	<input style="width: 150px; height: 60px; margin: 5px;" type="text"/> <input style="width: 150px; height: 60px; margin: 5px;" type="text"/> <input style="width: 150px; height: 60px; margin: 5px;" type="text"/>
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ADDITIONAL REQUIREMENTS WHENEVER NECESSARY

- Signed consent of Irrevocable Beneficiary/ies with one (1) copy of valid government-issued ID or two (2) valid non-government IDs with signature of Irrevocable Beneficiary/ies;
- Signed consent of the Assignee with one (1) valid government ID or two (2) non-government IDs of the Assignee or its authorized signatory;
- Court order, if the Irrevocable Beneficiary is a minor and the interest of the minor is worth more than PhP 500,000.00 for peso plans or its US dollar equivalent;
- Consular authentication, if transaction is executed abroad; and
- Duly accomplished Receipt and Release Form/Check Voucher Form upon receipt of the proceeds.