

Specimen signature form



PRU LIFE INSURANCE CORPORATION OF U.K.
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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

(May be omitted if beneficiary designation is revocable)

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.

(For office use only) Date received: _____ Time: _____ am/pm Received by/Department: _____

Name of Life Insured

(SURNAME, GIVEN NAME, MIDDLE NAME.)

Birthdate (mm/dd/yyyy)

Name of Policyowner

(SURNAME, GIVEN NAME, MIDDLE NAME.)

Policy number

Please recognize any/all of the following signature/s for any transactions under the policy number specified above:

Life Insured

Old signature

New signature

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

Policy Owner

Old signature

New signature

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

Irrevocable beneficiary

Old signature

New signature

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

Pru Life UK may transfer, disclose or communicate any information relating to my/our policy/ies to any of the branches, subsidiaries, affiliates, agents and representatives of Pru Life UK, Prudential Corporation Asia, Prudential plc and third parties selected by any of them, to be used for the purpose of offering, soliciting or providing any product or service which may be of interest or benefit to me/us or related to my/our policy/ies or for any other purpose such as data processing and storage, anti-money laundering monitoring, review and reporting. In addition, Pru Life UK, its offices, branches, subsidiaries, affiliates, agents and representatives may transfer, disclose and use any such information as may be required by law or regulation.

Signature over printed name