

# Transfer of Ownership Form

Individual and Corporate/Entity Policyowner

## 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, Life Insured, and Irrevocable Beneficiary/ies are all the same. Otherwise, the individual submission of Transfer of Ownership Form for each policy will be required.

# PRU LIFE U.K.

PRU LIFE INSURANCE CORPORATION OF U.K.

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1634 Taguig City, Philippines

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## POLICY NUMBERS


## TOO 2022-000000

**TRANSFER OF OWNERSHIP FROM:**  INDIVIDUAL (FILL OUT PORTION A)  CORPORATE/ENTITY (FILL OUT PORTION B)

**TRANSFER OF OWNERSHIP TO:**  INDIVIDUAL (FILL OUT PORTION C)  CORPORATE/ENTITY (FILL OUT PORTION D)

## DETAILS OF EXISTING POLICYOWNER (Please ensure all fields are filled in)

### A DETAILS OF EXISTING INDIVIDUAL POLICYOWNER

SURNAME	
GIVEN NAME	
MIDDLE NAME	
OTHER LEGAL NAME/ALIAS	

DATE OF BIRTH (mm/dd/yyyy)	NATIONALITY
MOBILE NUMBER	TELEPHONE NUMBER
OCCUPATION (State exact duties; if member of AFP/PNP, state rank)	
NAME OF EMPLOYER/NAME OF BUSINESS	

Do you currently file a tax return in the United States of America?

Yes  No

### B DETAILS OF EXISTING CORPORATE/ENTITY POLICYOWNER

COMPANY/BUSINESS NAME
COMPANY REGISTRATION NUMBER
COUNTRY OF INCORPORATION
DATE OF INCORPORATION (mm/dd/yyyy)

NAME OF AUTHORIZED REPRESENTATIVE	
MOBILE NUMBER OF AUTHORIZED REPRESENTATIVE	
If the Policy/ies has/have more than one authorized representative, please indicate the name, position, mobile number, and email address of additional Authorized Representatives, if any:	

## DETAILS OF NEW POLICYOWNER (Please ensure all fields are filled in)

### C DETAILS OF NEW INDIVIDUAL POLICYOWNER (Continuation on the next page)

Please indicate relationship of the new Individual Policyowner to the Life Insured:

SURNAME				
GIVEN NAME				
MIDDLE NAME				
OTHER LEGAL NAME/ALIAS				
GENDER		CIVIL STATUS		SALUTATION (e.g. Mr., Mrs., Miss, etc.)
<input type="checkbox"/> Male	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Others	
<input type="checkbox"/> Female				
DATE OF BIRTH (mm/dd/yyyy)	AGE	NATIONALITY		
PLACE OF BIRTH (city/province, country)				
TIN	SSS/GSIS			

OCCUPATION (State exact duties; if member of AFP/PNP, state rank)	
NATURE OF WORK OR NATURE OF BUSINESS (If self-employed)	
NAME OF EMPLOYER/NAME OF BUSINESS	
NATURE OF BUSINESS OF EMPLOYER	
EMPLOYER/BUSINESS ADDRESS (number, street, municipality/city, province)	
COUNTRY	ZIP CODE
GROSS ANNUAL INCOME (in PhP)	
NET WORTH (in PhP)	
SOURCES OF FUNDS	
<input type="checkbox"/> Salary	<input type="checkbox"/> Business
<input type="checkbox"/> Others	

## FOR OFFICIAL USE ONLY

BRANCH RECEIPT DETAILS	HEAD OFFICE RECEIPT DETAILS
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**DETAILS OF NEW POLICYOWNER** (Please ensure all fields are filled in)

<b>C DETAILS OF NEW INDIVIDUAL POLICYOWNER</b>	
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"/>	
COUNTRY <input type="text"/>	ZIP CODE <input type="text"/>
Do you currently file a tax return in the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preferred billing address of Policyowner for Pru Life UK correspondence: <input type="checkbox"/> Present address <input type="checkbox"/> Business/Employer's address <input type="checkbox"/> Permanent address	

<b>D DETAILS OF NEW CORPORATE/ENTITY POLICYOWNER</b>	
Please indicate relationship of the new Corporate/Entity Policyowner to the Life Insured:	
COMPANY/BUSINESS NAME <input type="text"/>	a) Is the company listed or traded on any regulated stock exchange? (If no, please complete question "b" below; otherwise, please ignore.) <input type="checkbox"/> Yes <input type="checkbox"/> No
NATURE OF BUSINESS <input type="text"/>	b) Does any USA person/entity <sup>3</sup> , directly or indirectly, own more than 10% of the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
CORPORATE/ENTITY STATUS <input type="checkbox"/> Financial institution <sup>1</sup> <input type="checkbox"/> Professionally managed trust <sup>2</sup> <input type="checkbox"/> Others <input type="text"/>	
<small><sup>1</sup> Financial institution refers to any organization that holds a banking, securities, and/or life insurance license. Examples of financial institutions include banks, life insurers, custodians, asset managers, and investment funds.</small>	
<small><sup>2</sup> Professionally managed trust is a trust that is professionally managed by a bank, custodial institution, life insurance company, or investment entity that is a professional investment advisor.</small>	
BUSINESS ADDRESS (number, street, municipality/city, province) <input type="text"/>	
COUNTRY <input type="text"/>	ZIP CODE <input type="text"/>
If the address is the same as the servicing agent's address, please indicate the relationship with the agent. This request is subject to further evaluation and approval in compliance with Pru Life UK guidelines. <input type="text"/>	
COUNTRY OF INCORPORATION <input type="text"/>	DATE OF INCORPORATION (mm/dd/yyyy) <input type="text"/>
COMPANY REGISTRATION NUMBER <input type="text"/>	TIN <input type="text"/>
COMPANY MOBILE NUMBER <input type="text"/>	COMPANY TELEPHONE NUMBER <input type="text"/>
COMPANY EMAIL ADDRESS <input type="text"/>	
Preferred billing address of Policyowner for Pru Life UK correspondence: <input type="checkbox"/> Insured's present address <input type="checkbox"/> Business address <input type="checkbox"/> Insured's permanent address <input type="checkbox"/> Alternative business address	

**DECLARATION OF UNDERSTANDING**

**PLEASE READ CAREFULLY BEFORE SIGNING THIS TRANSFER OF OWNERSHIP FORM:**

By signing this Transfer of Ownership Form ("Form"), I (i.e., each of the existing Policyowner, the new Policyowner, the Authorized Representative/s, the Life Insured, and the Irrevocable Beneficiary/ies, if any), declare, agree to, and authorize the following:

1. All the statements and answers in this Form and any information given to Pru Life UK, including any amendments, are complete, true, correct and binding on all parties in interest under the Policy/ies.
2. I will update Pru Life UK in a timely manner of any change in details previously provided especially with respect to a change in citizenship, tax status or tax residency. If the Policyowner is a corporation, changes in registered address, address of place of business, substantial shareholders, legal or beneficial owners who own or control more than 20% of the Policyowner will also be disclosed. If any of these changes occurs or if any other information comes to light concerning such changes, I agree to provide additional documents or information as may be requested by Pru Life UK, including but not limited to duly completed and/or executed (and, if necessary, notarized) tax declarations or forms.
3. This application is subject to the guidelines on anti-money laundering and financial underwriting. Pru Life UK can disapprove this application or terminate the Policy/ies if I fail to provide the necessary information relating to this application or relevant transaction or if this application violates the said guidelines.
4. I fully understand and accept the consequences of the transfer requested hereunder.
5. I agree to receive financial and other policy-related information through the mobile number and email address provided to Pru Life UK. Pru Life UK shall not be liable for claims or liabilities incurred as a result of the dissemination of personal information through said facilities.
6. I understand that the Irrevocable Beneficiary/ies is/are given equal rights over the Policy/ies as the Policyowner. I, as the Policyowner, cannot exercise any rights in the Policy/ies without the approvals and signatures of all Irrevocable Beneficiary/ies. Such rights include, but are not limited to, decrease or deletion of any benefit, or change in, addition or deletion of beneficiaries.
7. I understand that I must submit this Form within three (3) months from the date of signing.

## DECLARATION OF UNDERSTANDING

### Purpose Statement:

We will process the information you have provided in this form for the purpose of handling 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 \_\_\_\_\_ THIS \_\_\_\_\_ PLACE \_\_\_\_\_  
(mm/dd/yyyy)

Signature over printed name of EXISTING POLICYOWNER/AUTHORIZED REPRESENTATIVE/S

Signature over printed name of NEW POLICYOWNER/AUTHORIZED REPRESENTATIVE/S

Signature over printed name of WITNESS

Signature over printed name of IRREVOCABLE BENEFICIARY/IES

## 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.

Finally, I certify that the signature appearing on all my forms and valid IDs is my customary signature, as follows:

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## CERTIFICATION OF CUSTOMARY SIGNATURE FOR NEW INDIVIDUAL POLICYOWNER/AUTHORIZED REPRESENTATIVE/S

Full name of New Individual Policyowner/  
Authorized Representative 1:

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Full name of New Individual Policyowner/  
Authorized Representative 2:

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Full name of New Individual Policyowner/  
Authorized Representative 3:

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## CERTIFICATION OF CUSTOMARY SIGNATURE FOR IRREVOCABLE BENEFICIARY/IES

Full name of Irrevocable Beneficiary 1:

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Full name of Irrevocable Beneficiary 2:

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Full name of Irrevocable Beneficiary 3:

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