

Request for Printed Policy Kit

This form is to be accomplished by clients who opted in for electronic policies at the time of application and are requesting for an initial printed policy. For replacement of lost or destroyed printed policies, please accomplish Agreement Pertaining to Loss or Destruction of Policy form.

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.



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

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

CLIENT INFORMATION

NAME OF LIFE INSURED

Last Name

First Name

MI

DATE OF BIRTH (mm/dd/yyyy)

NAME OF POLICY OWNER

Last Name

First Name

MI

POLICY NUMBER

PRESENT ADDRESS (Number, street, municipality/city, province)

PERMANENT ADDRESS (Number, street, municipality/city, province)

PLACE OF BIRTH

GENDER

☐ MALE

☐ FEMALE

NATIONALITY

PHONE NUMBER

MOBILE NUMBER

EMAIL ADDRESS

TIN

SSS/GSIS No.

NAME OF EMPLOYER

NATURE OF WORK

NAME OF SELF-EMPLOYMENT/BUSINESS

SOURCES OF FUND

NAME OF BENEFICIARIES (If applicable)

Update existing record

☐ YES

☐ NO

I understand that the documents of the issued Policy pertained by the details above have been made available for my viewing, downloading, and printing via PRUAccess. However, I still hereby request that Pru Life UK issue a printed copy of the Policy described above for all purposes.

SIGNATURE OVER PRINTED NAME OF POLICYOWNER