

Customer Information Update

PRU LIFE U.K. 



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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.

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) 683 9000, (632) 884 8484, (632) 887 LIFE

within Metro Manila, 1 800 10 PRULINK for domestic toll-free

Email: contact.us@prulifeuk.com.ph Website: www.prulifeuk.com.ph

POLICY NUMBERS

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DETAILS OF POLICYOWNER

SURNAME	PRESENT ADDRESS (number, street, municipality/city, province)		
GIVEN NAME			
MIDDLE NAME			
OTHER LEGAL NAME/ALIAS			
NATIONALITY	EMAIL ADDRESS		
MOBILE NUMBER	TELEPHONE NUMBER		
IDENTIFICATION INFORMATION			
SSS/GSIS	TIN		
OTHERS	ID NUMBER		
OCCUPATION (State exact duties; if member of AFP/PNP, state rank.)			
NATURE OF WORK OR NATURE OF BUSINESS (if self-employed)			
EMPLOYER	NATURE OF BUSINESS OF EMPLOYER		
SOURCES OF FUNDS			
<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Others			
Preferred billing address for Pru Life UK correspondence: <input type="checkbox"/> Present address <input type="checkbox"/> Permanent address <input type="checkbox"/> Employer/Business address			
REASON FOR CHANGE IN ADDRESS (Note: If the new address is the same as the servicing agent's address, please indicate the relationship with the agent and reason for such request. This request is subject to further evaluation and approval in compliance with Pru Life UK guidelines.)			

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.

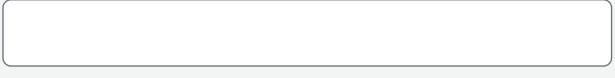
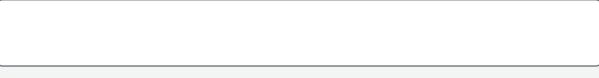
In relation to an entity, Beneficial Owner/s are individuals either owning or controlling at least 20% of the entity's shares or voting rights.

Do you have a Beneficial Owner? Yes No If "YES", please accomplish the KYC for Beneficial Owner and Third Party Payor Form.

POLICYOWNER VERIFICATION

I certify that the information provided in this form is true and correct. I consent to the use and processing of the above information in relation to my Policy/ies and authorize Pru Life UK to update my existing record to reflect the above information.

(mm/dd/yyyy)

EXECUTED AT	THIS	PLACE	DATE COMPLETED
<input checked="" type="checkbox"/> Signature over printed name of POLICYOWNER		<input checked="" type="checkbox"/> Signature over printed name of WITNESS	
			

CERTIFICATION OF CUSTOMARY SIGNATURE FOR POLICYOWNER

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:

FOR OFFICIAL USE ONLY**BRANCH RECEIPT DETAILS****HEAD OFFICE RECEIPT DETAILS****PROCESSED BY:****APPROVED BY:**

Signature over printed name of Processor

Signature over printed name of Approver