

Request for Uncrossing of Cheque



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.

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

CLIENT INFORMATION

Name of Policyowner (Last name, First name, Middle initial)

Policy number

Name of Life Insured (if different from Policyowner) (Last name, First name, Middle initial)

Type of Transaction

REASONS FOR ENCASHMENT

- ☐ I have no existing bank account
- ☐ Emergency purposes (please specify) _____
- ☐ I am working/based outside the Philippines
- ☐ I am leaving the Philippines in the next thirty (30) days

NOTE:

- Checking any of these reasons is NOT a guarantee that your cheque will be uncrossed. Management reserves the right to decline your request, taking into account internal policies as well as local laws and regulations on Anti-Money Laundering (AML), Counter Terrorist Financing (CTF), and Financial Economic Sanctions Regimes ("Issuances") among others.
- You may be asked to provide documents to support your chosen reason.

CHEQUE DETAILS

Payee

Amount of Cheque

Cheque No.

Date of Cheque (mm/dd/yyyy)

Name of Bank

Branch

IDENTIFICATION CARDS PRESENTED

Type of ID	ID No.

I hereby request the uncrossing of the above cheque. I understand and agree to the following:

I hereby release, discharge, and hold harmless Pru Life UK, its directors, officers, employees, members, affiliates, and all other persons therein from any unauthorized encashments that may arise due to this request for check uncrossing.

All the statements and answers in this 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.

EXECUTED AT

THIS

(mm/dd/yyyy)

PLACE

DATE COMPLETED

✓ Signature over printed name of Policyowner

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

FOR HEAD OFFICE USE

<div><div></div><div>✓ Signature over printed name of Recommending Employee</div></div>	<div>(mm/dd/yyyy)</div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>DATE COMPLETED</div>
<div><div></div><div>✓ Signature over printed name of Approving Officer</div></div>	<div>(mm/dd/yyyy)</div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>DATE COMPLETED</div>