

Request for dividend/ Premium Deposit Fund withdrawal



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
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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): _____

APPLICANT INFORMATION

Name of Policyowner (Last name, First name, Middle initial)		Date of birth (mm/dd/yyyy)	
<input type="text"/>		<input type="text"/>	
Name of Life Insured (if different from Policyowner) (Last name, First name, Middle initial)		Policy number	
<input type="text"/>		<input type="text"/>	
Present address		Place of birth	
<input type="text"/>		<input type="text"/>	
Permanent address		Sex	Nationality
<input type="text"/>		<input type="text"/>	<input type="text"/>
		TIN	SSS/GSIS No.
		<input type="text"/>	<input type="text"/>
		OTHERS	ID NUMBER
		<input type="text"/>	<input type="text"/>
Phone number	Mobile number	Email address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name of Employer		Nature of work	
<input type="text"/>		<input type="text"/>	
Nature of self-employment/business		Sources of funds	
<input type="text"/>		<input type="text"/>	
Name of irrevocable beneficiary/ies, if applicable		Update existing record?	
<input type="text"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		If yes, identify which record/s: _____	
Withdrawal of	<input type="checkbox"/> Dividend <input type="checkbox"/> Premium Deposit Fund	Amount	<input type="checkbox"/> Maximum available <input type="checkbox"/> Requested amount _____
Special instructions	<input type="checkbox"/> Apply to premium Policy number _____ <input type="checkbox"/> Loan repayment Policy number _____		

MODE OF RELEASE:

☐ Cheque

Preferred pick-up location of Cheque

☐ (Customer Center _____); ☐ (GA Branch _____)

☐ Fund Transfer

Bank account details: (should be bank account of the Policyowner)

Account holder: _____

Account type and number: _____

Name of bank: _____

GUIDELINES

1. Pru Life UK will not accept the return of the withdrawn amount after this application has been approved.
2. The consent of the irrevocable beneficiary, if any, to this transaction is required. If the irrevocable beneficiary is a minor, the (i) parent/s, (ii) judicial guardian, or (iii) grandparent, eldest sibling or relative who has actual custody of the minor, as long as they are not disqualified or incapacitated, must present Letters of Guardianship, and a court order authorizing the request for dividend/Premium Deposit Fund on the Policy, as applicable.
3. If the Policy has been assigned, the consent of the assignee is required.
4. If the assignee is a corporation, below are the additional requirements:
 - Duly signed Request for dividend/Premium Deposit Fund Withdrawal Form
 - Clear copy of one (1) valid government-issued or two (2) valid non-government identification of the assigned authorized representative;
5. The witness portion must be duly signed by the agent or a third party of legal age.
6. If the Policyowner is abroad, a current and duly executed and authenticated Special Power of Attorney is required.
7. To claim the cheque, the applicant must present one (1) valid government issued identification (passport, SSS, TIN, driver's license) or two (2) valid non-government identification (company ID or professional ID).
8. If a representative is designated to claim the cheque, the following must be presented:
 - a) Authorization letter (please see back of the page) ; and
 - b) Proper identification papers of the Policyowner and authorized representative.

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

REQUEST FOR DIVIDEND/PREMIUM DEPOSIT FUND WITHDRAWAL

I hereby apply for the withdrawal of the dividends/Premium Deposit Fund under the Policy. I understand and agree to the following:

I/We, the undersigned Policyowner and/or irrevocable beneficiary/ies/assignee/s of the described Policy hereby apply for and/or consent to the dividend/Premium Deposit Fund withdrawal.

It is expressly represented and warranted that no other person, firm or corporation, has any interest in the said Policy except the undersigned and that no proceeding in insolvency or bankruptcy has been instituted or is pending against the undersigned.

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.

I/We agree to hold Pru Life UK free and harmless from any liability arising from its processing and implementation of the transaction requested.

EXECUTED AT THIS (mm/dd/yyyy)
PLACE DATE COMPLETED

READ INSTRUCTIONS BEFORE SIGNING

✓ Signature over printed name
of Life Insured/Policyowner

✓ Signature over printed name
of witness/agent

✓ Signature over printed name
of irrevocable beneficiary

With our consent:

✓ Signature over printed name
of assignee

✓ Signature over printed name
of witness/agent

✓ Signature over printed name
of irrevocable beneficiary

AUTHORIZATION TO CLAIM CHEQUE

This is to authorize _____, with the proper identification and whose specimen signature appears below, to receive the cheque from the request for dividend/Premium Deposit Fund withdrawal on my behalf.

✓ Signature over printed name
of authorized representative

✓ Signature over printed name
of Life Insured/Policyowner

ACKNOWLEDGMENT

Received from Pru Life UK the sum of _____
_____ (PhP/USD _____) representing the net dividend/Premium Deposit Fund withdrawal of the above Policy.

✓ Signature over printed name
of authorized representative

(mm/dd/yyyy)

DATE RECEIVED