

# Transfer of Ownership Form

Individual and Corporate/Entity Policyowner

PRU LIFE U.K. 

PRU LIFE INSURANCE CORPORATION OF 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.

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.

## POLICY NUMBERS


TOO 2022-000000

<b>TRANSFER OF OWNERSHIP FROM:</b>	<input type="checkbox"/> INDIVIDUAL (FILL OUT PORTION A)	<input type="checkbox"/> CORPORATE/ENTITY (FILL OUT PORTION B)
<b>TRANSFER OF OWNERSHIP TO:</b>	<input type="checkbox"/> INDIVIDUAL (FILL OUT PORTION C)	<input type="checkbox"/> CORPORATE/ENTITY (FILL OUT PORTION D)

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

## A DETAILS OF EXISTING INDIVIDUAL POLICYOWNER

SURNAME															DATE OF BIRTH (mm/dd/yyyy)										NATIONALITY									
<input type="text"/>															<input type="text"/>										<input type="text"/>									
GIVEN NAME															MOBILE NUMBER										TELEPHONE NUMBER									
<input type="text"/>															<input type="text"/>										<input type="text"/>									
MIDDLE NAME															OCCUPATION (State exact duties; if member of AFP/PNP, state rank)																			
<input type="text"/>															<input type="text"/>										<input type="text"/>									
OTHER LEGAL NAME/ALIAS															NAME OF EMPLOYER/NAME OF BUSINESS																			
<input type="text"/>															<input type="text"/>										<input type="text"/>									

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	NAME OF AUTHORIZED REPRESENTATIVE
COMPANY REGISTRATION NUMBER	MOBILE NUMBER OF AUTHORIZED REPRESENTATIVE
COUNTRY OF INCORPORATION	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:
DATE OF INCORPORATION (mm/dd/yyyy)	

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

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

**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)**C** DETAILS OF NEW INDIVIDUAL POLICYOWNER

<div>MOBILE NUMBER <input style="width: 100%;" type="text"/></div> <div>TELEPHONE NUMBER <input style="width: 100%;" type="text"/></div> <div>EMAIL ADDRESS <input style="width: 100%;" type="text"/></div> <div>PRESENT ADDRESS (number, street, municipality/city, province) <input style="width: 100%; height: 40px;" type="text"/></div> <div>COUNTRY <input style="width: 100%;" type="text"/></div> <div>ZIP CODE <input style="width: 100%;" type="text"/></div>	<div>PERMANENT ADDRESS (number, street, municipality/city, province) <input type="checkbox"/> Tick if same as present address <input style="width: 100%; height: 40px;" type="text"/></div> <div>COUNTRY <input style="width: 100%;" type="text"/></div> <div>ZIP CODE <input style="width: 100%;" type="text"/></div> <div>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 style="width: 100%; height: 40px;" type="text"/></div>
<div>Do you currently file a tax return in the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>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</div>	

**D** DETAILS OF NEW CORPORATE/ENTITY POLICYOWNER

Please indicate relationship of the new Corporate/Entity Policyowner to the Life Insured:	
<div>COMPANY/BUSINESS NAME <input style="width: 100%;" type="text"/></div> <div>NATURE OF BUSINESS <input style="width: 100%;" type="text"/></div> <div>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 style="width: 100%;" type="text"/></div> <div><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. <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></div> <div>BUSINESS ADDRESS (number, street, municipality/city, province) <input style="width: 100%; height: 40px;" type="text"/></div> <div>COUNTRY <input style="width: 100%;" type="text"/></div> <div>ZIP CODE <input style="width: 100%;" type="text"/></div> <div>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 style="width: 100%; height: 40px;" type="text"/></div> <div><div>COUNTRY OF INCORPORATION <input style="width: 100%;" type="text"/></div><div>DATE OF INCORPORATION (mm/dd/yyyy) <input style="width: 100%;" type="text"/></div><div>COMPANY REGISTRATION NUMBER <input style="width: 100%;" type="text"/></div><div>TIN <input style="width: 100%;" type="text"/></div><div><div>COMPANY MOBILE NUMBER <input style="width: 100%;" type="text"/></div><div>COMPANY TELEPHONE NUMBER <input style="width: 100%;" type="text"/></div><div>COMPANY EMAIL ADDRESS <input style="width: 100%;" type="text"/></div></div></div>	<div>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</div> <div>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</div> <div><small><sup>3</sup> Defined as one of the following: a) citizen or resident of the USA; b) a partnership, corporation, company, or association created or organized in the USA or under the laws of the USA; c) any USA estate; d) any USA trust subject to USA supervision and substantially controlled by a USA person.</small></div> <div>SUBSTITUTE DECLARATION STATEMENT <input type="checkbox"/> Tick if the statement below is applicable I, the authorized company/entity representative, declare that the above company (or equivalent) is not one of the following: (a) financial institution; (b) professionally managed trust; (c) non-listed entity of which more than 10% is owned by any USA person/entity; or (d) required to file a tax return in the USA.</div> <div>NAME OF AUTHORIZED REPRESENTATIVE <input style="width: 100%;" type="text"/></div> <div>POSITION <input style="width: 100%;" type="text"/></div> <div><div>MOBILE NUMBER <input style="width: 100%;" type="text"/></div><div>EMAIL ADDRESS <input style="width: 100%;" type="text"/></div><div>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: <input style="width: 100%; height: 80px;" type="text"/></div></div>
<div>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</div>	

**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  (mm/dd/yyyy)  
PLACE

✓ 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:

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

Full name of New Individual Policyowner/  
Authorized Representative 1:

Full name of New Individual Policyowner/  
Authorized Representative 2:

Full name of New Individual Policyowner/  
Authorized Representative 3:

## CERTIFICATION OF CUSTOMARY SIGNATURE FOR IRREVOCABLE BENEFICIARY/IES

Full name of Irrevocable Beneficiary 1:

Full name of Irrevocable Beneficiary 2:

Full name of Irrevocable Beneficiary 3: