Application for Life Insurance

Individual Insurance

PRU LIFE U.K.

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.

CLIENT NUMBER (Policyowner)

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

II

AGENT INFORMATION (FOR AGENT'S USE ONLY)

SURNAME, GIVEN NAME | AGENT CODE | BRANCH

DETAILS OF LIFE INSURED

SURNAME

GIVEN NAME

MIDDLE NAME

OTHER LEGAL NAME/ALIAS

GENDER ☐ Male ☐ Female

CIVIL STATUS ☐ Single ☐ Married ☐ Others

SALUTATION

NATIONALITY

DATE OF BIRTH (mm/dd/yyyy)

AGE

IDENTIFICATION INFORMATION
SSS/GSIS TIN
OTHERS ID NUMBER

PLACE OF BIRTH (City/province, country)

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

GROSS ANNUAL INCOME (In PhP)

NET WORTH (In PhP)

SOURCES OF FUNDS
☐ Salary ☐ Business ☐ Remittance
☐ Others
(If premium payments come from a third-party payor, please accomplish the KYC for Beneficial Owner and Third Party Payor Form)

Do you currently file a tax return in the United States of America? Please provide necessary FATCA documents.
☐ Yes ☐ No

Are you employed outside of the Philippines (i.e. overseas Filipino worker?)
☐ Yes ☐ No

MOBILE NUMBER | TELEPHONE NUMBER

EMAIL ADDRESS

DETAILS OF POLICYOWNER

(Accomplish this section only if the Policyowner is different from the Life Insured)

SURNAME

GIVEN NAME

MIDDLE NAME

OTHER LEGAL NAME/ALIAS

GENDER ☐ Male ☐ Female

CIVIL STATUS ☐ Single ☐ Married ☐ Others

SALUTATION

NATIONALITY

DATE OF BIRTH (mm/dd/yyyy)

AGE

IDENTIFICATION INFORMATION
SSS/GSIS TIN
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NET WORTH (In PhP)

SOURCES OF FUNDS
☐ Salary ☐ Business ☐ Remittance
☐ Others
(If premium payments come from a third-party payor, please accomplish the KYC for Beneficial Owner and Third Party Payor Form)

Do you currently file a tax return in the United States of America? Please provide necessary FATCA documents.
☐ Yes ☐ No

Are you employed outside of the Philippines (i.e. overseas Filipino worker?)
☐ Yes ☐ No

MOBILE NUMBER | TELEPHONE NUMBER

EMAIL ADDRESS

DETAILS OF LIFE INSURED

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

COUNTRY | ZIP CODE

PERMANENT ADDRESS (Number, street, municipality/city, province) ☐ Tick if same as present address

COUNTRY | ZIP CODE

BUSINESS/EMPLOYER ADDRESS (Number, street, municipality/city, province) ☐ Tick if same as present address

COUNTRY | ZIP CODE

In the next 12 months, do you expect to change your:

a. occupation? ☐ Yes ☐ No

b. country/province/city/municipality of residence? ☐ Yes ☐ No

If yes to (a) and/or (b), provide details.

DETAILS OF POLICYOWNER

(Accomplish this section only if the Policyowner is different from the Life Insured)

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

COUNTRY | ZIP CODE

PERMANENT ADDRESS (Number, street, municipality/city, province) ☐ Tick if same as present address

COUNTRY | ZIP CODE

BUSINESS/EMPLOYER ADDRESS (Number, street, municipality/city, province) ☐ Tick if same as present address

COUNTRY | ZIP CODE

In the next 12 months, do you expect to change your:

a. occupation? ☐ Yes ☐ No

b. country/province/city/municipality of residence? ☐ Yes ☐ No

If yes to (a) and/or (b), provide details.

PREFERRED POLICYOWNER'S ADDRESS FOR CORRESPONDENCES

☐ Present ☐ Permanent ☐ Business/Employer

RELATIONSHIP OF POLICYOWNER TO LIFE INSURED

(Fill this out only if the Policyowner is different from the Life Insured)

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.

DETAILS OF PRIMARY AND SECONDARY BENEFICIARIES

If any beneficiary designation is "IRREVOCABLE", please accomplish the Endorsement for Designating Irrevocable Beneficiary Form. If more than one Beneficiary is named, equal sharing shall be presumed unless stated otherwise.

SURNAME, GIVEN NAME, MIDDLE NAME | DATE OF BIRTH (mm/dd/yyyy) | GENDER ☐ Male ☐ Female

RELATIONSHIP TO INSURED | % SHARE | TYPE OF BENEFICIARY ☐ Primary ☐ Secondary | BENEFICIARY DESIGNATION ☐ Revocable ☐ Irrevocable | PLACE OF BIRTH (City, Country) | NATIONALITY

PRESENT ADDRESS (Number, street, municipality/city, province) | ZIP CODE | ☐ Tick if same as Policyowner | COUNTRY

MOBILE NUMBER | TELEPHONE NUMBER | EMAIL ADDRESS

SURNAME, GIVEN NAME, MIDDLE NAME | DATE OF BIRTH (mm/dd/yyyy) | GENDER ☐ Male ☐ Female

RELATIONSHIP TO INSURED | % SHARE | TYPE OF BENEFICIARY ☐ Primary ☐ Secondary | BENEFICIARY DESIGNATION ☐ Revocable ☐ Irrevocable | PLACE OF BIRTH (City, Country) | NATIONALITY

PRESENT ADDRESS (Number, street, municipality/city, province) | ZIP CODE | ☐ Tick if same as Policyowner | COUNTRY

MOBILE NUMBER | TELEPHONE NUMBER | EMAIL ADDRESS

If there are more than two (2) beneficiaries, please answer the Supplemental Form for Additional Beneficiaries.

POLICY INFORMATION

NOTE: Benefits must be consistent with the submitted Sales Illustration Form/Quotation Proposal.

PLAN NAME	SUM ASSURED	CURRENCY
		☐ PhP ☐ USD

BENEFITS AND AMOUNT

☐ Accelerated Total and Permanent Disability (TPD)	☐ Crisis Cover Waiver	☐ Payor Term Benefit
☐ Accidental Death and Disablement Benefit	☐ Life Care Advance Plus	☐ Payor Waiver of Regular Premium
☐ Accelerated Life Care Benefit	☐ Life Care Plus	☐ Renewable Convertible Level Term Assurance Benefit
☐ Additional Term Rider	☐ Life Care Waiver	☐ Waiver of Premium on TPD
☐ Crisis Cover Benefit	☐ Multiple Life Care Plus	☐ Others (Specify below)
☐ Crisis Cover Plus Benefit for Term	☐ Non-accelerated Total and Permanent Disability Benefit	

VARIABLE LIFE RIDER AND AMOUNT

☐ Variable Life Rider (One-off Premium)*	☐ Variable Life Rider (Regular Premium)*	No. of years to be billed

*Note: You will be regularly billed the Variable Life Rider Premium you indicated for the period you specified. If you no longer wish to be billed for future regular payments, you may notify the Company by written request. Because the Variable Life Rider payments are optional, the Policyowner has the option not to make future Variable Life Rider payments after the first payment. Failure to make subsequent Variable Life Rider payments will not cause the Insurance Policy or Variable Life Rider to lapse.

HOSPITAL INCOME BENEFITS AND AMOUNT

☐ Daily Hospital Income Benefit	☐ Surgical Expense Benefit	☐ Others (Specify below)
☐ Intensive Care Unit Benefit	☐ Long-term Hospitalization Benefit	

PERSONAL ACCIDENT BENEFITS AND AMOUNT

☐ Accidental Death and Disablement Benefit	☐ Field Trip Coverage	☐ Accidental Total and Permanent Disability Benefit
☐ Dangerous Sports Coverage	☐ Accidental Medical Reimbursement Benefit	☐ Others (Specify below)
☐ Double Indemnity Benefit	☐ Murder and Assault Benefit	

PREMIUM INFORMATION

ANNUALIZED PREMIUM	INITIAL PREMIUM PAID	MODE OF PAYMENT	METHOD OF PAYMENT (PREMIUM RENEWAL)
		☐ Annual ☐ Semi-annual ☐ Quarterly ☐ Monthly	☐ Credit card ☐ Auto-debit arrangement ☐ Cheque ☐ Post-dated cheque ☐ Cash ☐ Others _____

NON-FORFEITURE OPTIONS (FOR TRADITIONAL PLANS ONLY)

Unless otherwise indicated below, Reduced Paid-up Insurance is automatically assumed for PRUlife policies and Extended Term Insurance for PRULove for Life and PRULifetime Income policies.

☐ Automatic Premium Loan Option ☐ Cash Surrender Value
☐ Extended Term Insurance ☐ Reduced Paid-up Insurance

DIVIDEND OPTIONS (FOR PARTICIPATING TRADITIONAL PLANS ONLY)

Unless otherwise indicated below, **Left to Accumulate and Earn Interest** is automatically assumed.

☐ Paid in Cash ☐ Used to Buy Paid-up Insurance*
☐ Used to Pay a Portion of Premium

**Applicable to PRUlife policies only.*

☐ **I agree to use any dividend accumulation of the Policy towards any non-forfeiture option in effect.** *(For Traditional Plans only)*

Do you want to avail the Automatic Premium Loan Option (if applicable) for:

Hospital Income Benefit Rider ☐ YES ☐ No
Life Care Plus ☐ YES ☐ No

The Automatic Premium Loan (APL) for Hospital Income Benefit and Life Care Plus riders are only applicable to PRULove for Life policies. If elected, this option will take effect after the premium payment term of the basic plan by using any available cash value of the policy to pay premiums for the Life Care Plus and Hospital Income Benefit riders when premiums remain unpaid at the end of the grace period.

MODE OF RELEASE (FOR TRADITIONAL PLANS WITH GUARANTEED PAYOUTS AND/OR PLANS WITH DISBURSEMENT)

I hereby authorize Pru Life UK to release the guaranteed payouts or disbursement through:
FUND TRANSFER

BANK NAME

ACCOUNT NAME

Note: This account should belong to you. Third party accounts are not allowed.

ACCOUNT NUMBER

CURRENCY ☐ PHP ☐ USD

ACCOUNT TYPE ☐ SAVINGS ☐ CHECKING

Fund transfers to Peso bank accounts which are PESONet participants are free of charge. For Philippine peso payouts, please elect a Philippine Peso account.
If proceeds are more than PHP 1,000,000, please provide proof of ownership of the bank account (e.g., photocopy/picture of bank account passbook, deposit slip, or statement of account).

DO YOU WANT TO LEAVE YOUR GUARANTEED PAYOUTS TO ACCUMULATE AND EARN INTEREST AT A RATE SET BY THE COMPANY?

☐ Yes ☐ No, I want my guaranteed payouts to be paid in cash or credited using the bank details provided above.

**Applicable to plans with guaranteed payouts only.*

☐ I agree to use any accumulated payouts of the Policy towards any non-forfeiture options in effect. (for plans with guaranteed payout)

PERSONAL HISTORY

If you answer "YES" to any of the following questions, please indicate the question number and indicate details in the space provided.

1) Have you:	Life Insured	Policyowner	Details of "YES" answer
a. flown in an aircraft other than as a passenger? (If yes, complete an Aviation Questionnaire)	☐ Yes ☐ No	☐ Yes ☐ No	
b. driven a motorcycle or engaged in scuba diving, bungee jumping, or other hazardous sports? (If yes, complete pertinent questionnaire)	☐ Yes ☐ No	☐ Yes ☐ No	
c. been active in politics as a candidate or in any other capacity during the last five (5) years?	☐ Yes ☐ No	☐ Yes ☐ No	
d. ever submitted an application for life insurance or reinstatement thereof which was declined, postponed, cancelled, or modified in kind, amount, or rate?	☐ Yes ☐ No	☐ Yes ☐ No	
e. received any threat on your life, person or safety?	☐ Yes ☐ No	☐ Yes ☐ No	
f. had any pending application with other insurance companies?	☐ Yes ☐ No	☐ Yes ☐ No	

2) What insurance(s) is/are now in force on the life of Life Insured?	Company	Amount of coverage	Rider(s)/Year issued

3) Has there been or will there be any change in any existing insurance in force? ☐ Yes ☐ No

4) Will premiums for the insurance applied for be paid by a policy loan from any existing policy? ☐ Yes ☐ No

NOTE: If you answered "YES" to questions 3 and/or 4, please accomplish the Replacement Notification section in page 6

YOU ARE TO DISCLOSE IN THIS APPLICATION FORM (AND IN ANY PERSONAL STATEMENT CONCERNING HEALTH MADE TO THE COMPANY OR TO THE MEDICAL EXAMINER OF THE COMPANY) FULLY AND FAITHFULLY ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE POLICY ISSUED HEREUNDER MAY BE RESCINDED.

FAMILY HISTORY DETAILS (This section need not be answered if medical examination is performed)

LIFE INSURED

Family members	Condition/Illness	Current Age (If with illness, indicate age of onset)	Cause of death	Age at death
Father				
Mother				
Spouse				
Siblings				
Children				

POLICYOWNER (if applying for Payor Waiver and/or Payor Term)

Family members	Condition/Illness	Current Age (If with illness, indicate age of onset)	Cause of death	Age at death
Father				
Mother				
Spouse				
Siblings				
Children				

HEIGHT AND WEIGHT (This section need not be answered if medical examination is performed)

LIFE INSURED

HEIGHT ☐☐ ft. ☐☐ in. WEIGHT ☐☐☐ lbs. Have you lost weight during the past 12 months? ☐ Yes ☐ No

Reason and amount (lbs.) of weight loss

POLICYOWNER (if applying for Payor Waiver and/or Payor Term)

HEIGHT ☐☐ ft. ☐☐ in. WEIGHT ☐☐☐ lbs. Have you lost weight during the past 12 months? ☐ Yes ☐ No

Reason and amount (lbs.) of weight loss

NON-MEDICAL QUESTIONNAIRE FOR ADULTS (AGES 18 & ABOVE) (This section need not be answered if medical examination is performed)

If you answer "YES" to any of the following questions, please indicate the question number and provide details as to the nature of illness, operation or treatment, date and duration, severity and results, and name and address of attending physician/s, clinic/s or hospital/s. Note that Policyowner portion should only be answered if applying for Payor Waiver and/or Payor Term.

1) Have you:	Life Insured	Policyowner	Details of "YES" answer
a. within the past five years, consulted or been treated or examined by any physician or medical practitioner?	☐ Yes ☐ No	☐ Yes ☐ No	
b. ever had x-ray, electrocardiogram, blood studies, or other diagnostic tests?	☐ Yes ☐ No	☐ Yes ☐ No	
c. ever been in a hospital, clinic, sanitarium, or institute for observation, diagnosis, operation, or treatment?	☐ Yes ☐ No	☐ Yes ☐ No	
d. had or been told you had Acquired Immune Deficiency Syndrome (AIDS), AIDS-related complications, or AIDS-related conditions?	☐ Yes ☐ No	☐ Yes ☐ No	
e. had any form of Sexually Transmitted Disease (STD)? Is there anything in your lifestyle which could expose you to risk of AIDS and/or STD?	☐ Yes ☐ No	☐ Yes ☐ No	
f. been tested positive for antibodies to the AIDS virus?			
g. had any abnormality, deformity, disease, or disorder?			
h. received and/or are you presently receiving treatment or taking medication of any kind?			
i. ever drank alcoholic beverages, taken habit-forming drugs, or sought advice or treatment for alcoholism, drug habit or other addiction?	☐ Yes ☐ No	☐ Yes ☐ No	
i) Drugs	☐ Yes ☐ No	☐ Yes ☐ No	
ii) Alcohol intake per week (If yes, provide details)	☐ Yes ☐ No	☐ Yes ☐ No	
• wine (no. of glasses)			
• beer (no. of 350 mL glasses)			
• hard liquor (no. of shots)			
j. smoked cigarettes/tobacco within the past year? (If yes, provide details)	☐ Yes ☐ No	☐ Yes ☐ No	
i) How many years have you smoked/been smoking cigarettes and/or tobacco? (Please include past smoking history)			
ii) What is the average number of sticks you smoke daily?			
2) Have you ever had or been told that you had or sought advice for:			
a. dizziness, fainting spells, epilepsy, nervous breakdown, severe headaches, or any disease or disorder of the brain or nervous system?	☐ Yes ☐ No	☐ Yes ☐ No	
b. asthma, hay fever, chronic cough, spitting of blood, tuberculosis, or any disease or disorder of the lungs or respiratory system?	☐ Yes ☐ No	☐ Yes ☐ No	
c. high blood pressure, chest pain, shortness of breath, heart murmur, or any other disease of the heart or circulatory system?	☐ Yes ☐ No	☐ Yes ☐ No	
d. any disease or disorder of the stomach, intestines, bowel, rectum, appendix, liver, or gallbladder?	☐ Yes ☐ No	☐ Yes ☐ No	
e. nephritis, kidney stone, or any disease or disorder of the kidney, bladder, or prostate?	☐ Yes ☐ No	☐ Yes ☐ No	
f. diabetes, thyroid, or other endocrine disorders?	☐ Yes ☐ No	☐ Yes ☐ No	
g. arthritis, rheumatism, or any disease or disorder of the back, spine, bones, joints, or muscles?	☐ Yes ☐ No	☐ Yes ☐ No	
h. cancer (including carcinoma in situ) or a tumor or ulcer of any kind or any abnormal tissue growth?	☐ Yes ☐ No	☐ Yes ☐ No	
i. varicose veins, varicose ulcers, phlebitis, or hernia of any kind?	☐ Yes ☐ No	☐ Yes ☐ No	
j. any disease or disorder of the eyes, ears, nose, or throat?	☐ Yes ☐ No	☐ Yes ☐ No	
k. any other serious illness, disease, injury, or surgery not mentioned above?	☐ Yes ☐ No	☐ Yes ☐ No	
3) For women only			
a. Are you pregnant?	☐ Yes ☐ No	☐ Yes ☐ No	
b. Any abnormality in menstruation, pregnancy, or of the breast or reproductive organs?	☐ Yes ☐ No	☐ Yes ☐ No	

NON-MEDICAL QUESTIONNAIRE FOR MINOR LIFE INSURED (AGES 0 - 17)

	Answer	Details of "YES" answer
1) Was the child's birth abnormal or premature? If "yes", please provide details below. Weight at birth ☐☐ lbs. Number of months premature ☐	☐ Yes ☐ No	
2) Has the child ever been treated for, or ever had any indication of:		
a. disorder of eyes, ears, nose, mouth, or throat; or slow physical or mental development?	☐ Yes ☐ No	
b. epilepsy, febrile fits, or any other disorders of the brain or nervous system?	☐ Yes ☐ No	
c. asthma, bronchitis, tuberculosis, or respiratory disorder?	☐ Yes ☐ No	
d. rheumatic fever, heart defects, anaemia, or disorder of the blood, and other diseases of the heart or blood vessels?	☐ Yes ☐ No	

NON-MEDICAL QUESTIONNAIRE FOR MINOR LIFE INSURED (AGES 0 - 17)

	Answer	Details of "YES" answer
e. diabetes, disorder of the stomach, intestines, kidney, bladder, reproductive organs, liver, gallbladder, or pancreas?	☐ Yes ☐ No	
f. severe skin infections, enlarged glands, growth, cyst, tumor/cancer?	☐ Yes ☐ No	
g. disorder of the muscles or bones, spine, back or joints, deformity, lameness, or amputation?	☐ Yes ☐ No	
3) a. Has the child ever had any illness or injury lasting or requiring treatment for more than seven (7) days, or been admitted to a hospital or medical facility?	☐ Yes ☐ No	
b. Has the child ever been referred to any specialist or hospital?	☐ Yes ☐ No	
c. Has the child ever had or been advised to have any electrocardiogram (ECG), x-ray, blood or urine test, biopsy, AIDS test, or other diagnostic test?	☐ Yes ☐ No	
d. Is the child currently receiving medical treatment or under medical care of any kind?	☐ Yes ☐ No	

4) Please provide the name, address, and other details of the child's usual doctor(s). If none, provide details of the last doctor consulted.

Name of doctor

Address and other details

5) How long has he/she known the child?

Number of years

6) When and for what reason did the child last consult him/her?

Reason for consultation

Result of consultation

Date of consultation (mm/dd/yyyy)

If under treatment, indicate the nature and duration of treatment.

7) a. Has any proposal for life or health insurance on the child's life, or for insurance against accident or critical illness ever been submitted to Pru Life UK and/or any other insurance company? ☐ Yes ☐ No

Name of company

b. Has any such proposal ever been declined, deferred, or accepted at special rates? ☐ Yes ☐ No

Name of company

Reason

OTHER DETAILS/COMPANY ENDORSEMENT

AUTHORIZATION TO FURNISH MEDICAL INFORMATION

This form should be completed and signed.

Pru Life UK is considering an application for insurance on my life and I hereby authorize YOU* or any physician, surgeon, or other person in your or their employ or who you or they are connected with, in any way, or any hospital or other entity, to give Pru Life UK or its authorized medical doctor or representative, any information which may be desired and which was acquired while attending to me in a professional capacity. A photographic copy of this authorization shall be as valid as the original. This authorization is in connection with my application for insurance only.

✓ Signature over printed name of **LIFE INSURED**

DATE OF SIGNING (mm/dd/yyyy)

✓ Signature over printed name of **POLICYOWNER**

***YOU** refers to the person/party holding or possessing this **AUTHORIZATION TO FURNISH MEDICAL INFORMATION**.

REPLACEMENT NOTIFICATION

REMINDERS: It is usually disadvantageous to REPLACE existing life insurance policy/ies with a new one. Some disadvantages are: (a) you may not be insurable under standard terms; (b) you may have to pay higher premiums in view of higher age; or (c) you may lose financial benefits accumulated over the years. Please note that in your own interest, we advise that you consult your present insurer before making a final decision. Hear from both sides and make a careful comparison. You can then be sure that you are making a final decision that is in your best interest.

FULL NAME (Surname, given name, middle name)

DATE OF BIRTH (mm/dd/yyyy)

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

COUNTRY

NAME OF APPLICANT IF OTHER THAN THE LIFE INSURED (Surname, given name, middle name)

EXISTING POLICIES TO BE REPLACED

INSURED'S NAME (As it appears in the Policy)	COMPANY NAME	POLICY NUMBER

In connection with my decision to purchase a product from Pru Life Insurance Corporation of U.K. ("Pru Life UK"), I hereby certify the following:

1. My purchase of the _____ (name of product) is a replacement for my existing Policy/ies with Pru Life UK and/or with another insurance company.
2. My agent has disclosed to me the fees and charges that I will bear in switching from my original Policy/ies to the _____ (name of product) ("the Replacement Policy"). I understand that the fees and charges would include all fees associated with the disposal of or reduction in coverage or interests under my original Policy/ies and/or fees incurred during the purchase of or increase in coverage or interests under the Replacement Policy.
3. My agent has advised me of the disadvantages (i.e. loss of financial benefits, higher premium, non-insurability, etc.) that I will or may suffer (temporarily or otherwise) as a result of switching from my original Policy/ies to the Replacement Policy.

✓ Signature over printed name of **POLICYOWNER**

DATE OF SIGNING (mm/dd/yyyy)

DECLARATION OF UNDERSTANDING

PLEASE READ CAREFULLY BEFORE SIGNING THE APPLICATION FORM:

By signing this Application, I, (i.e. each of the Policyowner and Life Insured) declare, agree to, and authorize the following:

1. I understand that Pru Life UK is an insurance company authorized to provide insurance products or services in the Philippines as regulated by the Insurance Commission. I confirm that during the application process, I only dealt with an agent/insurance broker that is recognized by the Company and licensed to sell insurance policies, whether traditional or investment-linked in nature, by the Insurance Commission.
2. All the statements and answers in this Application and any information given to Pru Life UK or its medical examiners, including any amendments, are complete, true, correct, and binding on all parties in interest under the Policy applied for.
3. Pru Life UK reserves the right to request for additional medical evidence to assess my health. Any physician, hospital, clinic, or medical organization is authorized to furnish Pru Life UK with any medical information pertaining to me.
4. Prior to the issuance of the Policy applied for, I agree to inform Pru Life UK of any change in my (a) state of health, and (b) occupation or activities.
5. The insurance coverage will not commence until this Application has been approved, the initial premium has been received by Pru Life UK, and the Policy has been issued while I am in good health.
6. 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, correspondence address, or contact numbers, both local and foreign. 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 at least 20% of the Policyowner will also be disclosed.
7. Non-payment of premiums, misrepresentation or non-disclosure of material information, and/or violation of any of the terms or conditions of the Policy may lead to the denial or cancellation of insurance coverage by Pru Life UK.
8. I confirm that I received the benefit illustration, quotation proposal, product summary, or other relevant sales materials and that the terms and conditions of the insurance policy that I applied for were clearly explained to me and fully understood prior to my signing the Application and accepting insurance coverage. Moreover, questions and clarifications on my end, if any, were properly and fully addressed.
9. I understand that I can conduct additional research and compare available options in the market before agreeing to purchase an insurance policy that best suits my needs and requirements from Pru Life UK.
10. I confirm that I am of sound financial health and agree to pay the required insurance premiums on time or within the grace period indicated in the Policy.
11. The amounts to be invested in the Policy have been declared to relevant tax authorities and were not derived, directly or indirectly, from illegal activities or sources and/or tax evasion.
12. This Application and any policy issued pursuant to it shall be subject to all laws, regulations, resolutions and guidelines on financial underwriting, anti-money laundering, counter terrorist financing and financial and economic sanctions regimes ("Issuances"). In the event that Pru Life UK is unable to comply with such Issuances, including the relevant Customer Due Diligence ("CDD") measures as required under the Anti-Money Laundering Act, as amended, due to any act or omission on my part, Pru Life UK may (i) disapprove this Application; (ii) apply measures to restrict the services available or prohibit any further transactions on the Policy; and (iii) in case such measures are unsuccessful, terminate the business relationship. In the event of termination, any refund of premiums or payment of withdrawal value shall be subject to the terms of the Policy. I am bound by obligations set out in relevant United Nations Security Council Resolutions relating to the prevention and suppression of proliferation financing of weapons of mass destruction, including the freezing and unfreezing actions as well as prohibitions from conducting transactions with designated persons and entities.
13. If this Application is declined by Pru Life UK, its only obligation is to return the premium paid. If the Application is cancelled for failure to submit requirements, Pru Life UK will return the premium paid less fees for medical examinations it incurred.
14. I accept, agree with, and understand the features, benefits, nature, limitations, exclusions, risks, terms, and conditions of the Policy, product and attached riders. For unit-linked products, the next computed unit price following the issue date of the Policy will be applied. I agree to receive financial and other-policy related information and notifications through the mobile number and email address I have provided to Pru Life UK.
15. I agree to be pre-registered to PRUAccess, an online facility that will enable me to manage and request certain transactions involving my Policy. I acknowledge that Pru Life UK shall not be liable for claims or liabilities incurred as a result of the dissemination of my personal information through the said facilities. I understand that if I no longer wish to receive such information or notification through email or mobile and/or be registered to PRUAccess, I may contact Pru Life UK at telephone numbers (632) 8887 LIFE (8887 5433) for Metro Manila and 1800 10 PRULINK (1 800 10 7785465) for domestic toll-free, or email contact.us@prulifeuk.com.ph.
16. If Pru Life UK approves my Application, my Policy Data Page will be sent to my email address on record and the electronic copy of my Policy will be available in PRUAccess. The date that my Policy Data Page is sent via email shall be considered as my Policy Receipt Date and the 15-day cooling off period will begin on this date. I acknowledge that I may view all other policy documents and review and manage my Policy via PRUAccess.
17. I hereby give consent to receiving an electronic copy of the policy contract, as approved, in lieu of a physical copy thereof. Further, understand that should I wish to receive a physical copy, I can reach out to Pru Life UK through contact.us@prulifeuk.com.ph to request for the same upon payment of appropriate fees.
18. Upon approval by Pru Life UK of this Application, Pru Life UK will provide insurance coverage in accordance with the Policy, and therefore will charge insurance premiums necessary to provide that coverage.
19. Pru Life UK ensures that its employees, agents and partner insurance brokers are qualified, experienced, ethical, duly licensed and registered, and have undergone sufficient training on Pru Life UK's products and services to enable them to provide fair and sound advice. It also adheres to the prescribed and best industry standards when dealing with its customers through answering queries, giving recommendations, processing claims, paying benefits in a timely manner, and the like.
20. When processing claims, Pru Life UK may conduct investigations to prevent fraudulent claims and ensure that the beneficiaries receive the correct payout according to the terms of the Policy.
21. Pru Life UK adheres to existing laws, rules and regulations.

DATA PRIVACY

For purposes of this Section:

a. "Pru Life UK" shall refer to Pru Life Insurance Corporation of U.K., its directors, officers, employees, insurance agents, insurance brokers, other agents and representatives, reinsurers, contractors, legal advisers, and Pru Life UK's subsidiaries, affiliates and other related entities, and their directors, officers, employees, insurance agents, insurance brokers, other agents and representatives, contractors, and legal advisers.

b. "Data Subject" shall mean the Policyowner, the Life Insured, the Beneficial Owner, Beneficiaries, and all other individuals whose personal information or sensitive personal information is or will be disclosed to Pru Life UK.

Purpose Statement:

The information provided by you in this application form will be used for general data processing to be done by Pru Life UK for the issuance, implementation and handling of insurance policies, risk assessment, underwriting and administration of insurance coverage and claims, provision of any service, data analytics, any legitimate interest of Pru Life UK, or any purpose permitted or required by applicable law. This processing may be either manual or automated and within or outside of the Philippines.

To enable Pru Life UK to effectively address insurance requirements and provide better service, your personal information may also, upon your explicit consent, be used for profiling, automated decision-making, and direct marketing, which includes products and other offers.

During processing, we may share the information you provided to our authorized data processors to whom we outsource the processing of your information for your policy, including couriers and contractors for anti-money laundering systems, claims investigations and processing, risk assessment, photocopying, scanning, indexing and printing services, and other value-added services.

Our collection and processing of your personal data, including any sensitive personal information, is based on your application for insurance and other related services, any contract we may enter into with you, our legitimate interests, or a requirement under applicable law. Any information collected may be retained by Pru Life UK and our authorized data processors until ten (10) years from the date of maturity or termination of the policy or date of denial of this application, whichever comes earlier.

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, including the Medical Information Database administered by the Philippine Life Insurance Association, Inc. In accordance with the Insurance Commission's Circular Letter No. 2016-54, your medical information will be uploaded to a Medical Information Database accessible to life insurance companies for the purpose of enhancing risk assessment and preventing fraud. Once uploaded, all life insurance companies will only have limited access to your information in order to protect your right to privacy in accordance with law. A copy of Circular Letter No. 2016-54 may be accessed at the Insurance Commission's website at http://www.insurance.gov.ph/.

For more information about your rights as a data subject and how we protect your information, you may access our privacy policy through our website at https://www.prulifeuk.com.ph/en/footer/privacy-policy/. Should you have any questions or requests in relation to the processing of your personal or sensitive personal information, or your rights as a data subject you may get in touch with our Data Protection Officer through the following:

- Postal address: 9F Uptown Place Tower 1, 1 East 11th Drive, Uptown Bonifacio, 1634 Taguig City, Metro Manila
- Telephone: (632) 8887 5433 for Metro Manila, 1 800 10 7785465 via PLDT landline for domestic toll-free
- Email: dpo@prulifeuk.com.ph

By signing this application form:

- You allow Pru Life UK to use, collect and process your personal information and sensitive personal information as specified in the Purpose Statement above, and in accordance with applicable data privacy regulations.
- You specifically consent to the activities you have checked below:

☐ Automated processing of your personal information which shall be the sole basis of Pru Life UK's approval or denial of the application.

☐ Receiving Pru Life UK's promotional offers via email or SMS. You will get up to date information on product features, exclusive products, and other Pru Life UK offers. You can unsubscribe any time through the contact information provided above.

☐ Using your profile so that we can get a deeper understanding of your preferences and be able to provide you with better products and services.

- You warrant that the consent of the Beneficial Owner (if any), Beneficiaries, and all other data subjects have been obtained for the use, storage and processing of their personal information for purposes of compliance with regulatory requirements and applicable laws, the processing of this application, and the administration of the policy issued. You also undertake to provide Pru Life UK with proof of your authority to give the required consents of the other data subjects with respect to the disclosure and processing of their personal information and/or sensitive personal information for the legitimate purposes set out in this application or in the policy issued by Pru Life UK.

- You agree to indemnify Pru Life UK and hold it free and harmless from any damages incurred by Pru Life UK as a result of any claim filed by any of the data subjects in relation to a breach of any of the warranties above, or for any damages arising from any misrepresentation made in this application or from any material breach of its provisions.

✓ Signature over printed name of **LIFE INSURED**

✓ Signature over printed name of **POLICYOWNER**

✓ Signature over printed name of **AGENT**

✓ Signature over printed name of **PARENT/GUARDIAN**

PLACE OF SIGNING

DATE OF SIGNING (mm/dd/yyyy)

AGENT'S REPORT AND DECLARATIONS (FOR AGENT'S USE ONLY)

Please answer all questions in full.	Life Insured	Policyowner
1) a. How long have you known the Life Insured or Policyowner?	Number of years	Number of years
b. Are you related to the Life Insured or Policyowner? (If yes, please state relationship)	☐ Yes ☐ No	☐ Yes ☐ No
2) Is the Life Insured or Policyowner a fellow active agent or a spouse/child of a fellow agent? (If yes, please state relationship)	☐ Yes ☐ No	☐ Yes ☐ No
3) If the Life Insured or Policyowner is a married person, what amount of life insurance is now in force on his/her spouse in all companies? State "None" if none.		
4) Describe any distinct or visible mark on the Life Insured or Policyowner.		
5) Do you know anything about the Life Insured or Policyowner's present physical condition, morals, association, occupation, or habits which would help facilitate the underwriting of this application? (If yes, provide details)	☐ Yes ☐ No	☐ Yes ☐ No
6) Life Insured or Policyowner was/will be examined by Dr.	on (mm/dd/yyyy)	
7) Has there been or will there be any change in any existing insurance in force on the life of the Life Insured? (If yes, provide details)	☐ Yes ☐ No	
8) Will premiums for the insurance be paid by a policy loan or withdrawal from any existing policy? (If yes, provide details)	☐ Yes ☐ No	
9) I confirm that the Policyowner and Life Insured have filled out and signed the Application Form in my presence.	☐ Yes ☐ No	

10) Other details/additional remarks

I hereby represent that all of the above statements and answers to all the above questions are complete and true.

✓ Signature over printed name of **AGENT**

DATE OF SIGNING (mm/dd/yyyy)