

Know Your Customer (KYC) Form

Third-Party Disbursement (3PD)

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.



PRU LIFE INSURANCE CORPORATION OF U.K.

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POLICY NUMBER

FOR OFFICIAL USE ONLY

BRANCH	TIME	AM/PM	RECEIVED BY/DEPARTMENT
PERSONAL DETAILS OF ATTORNEY-IN-FACT SURNAME GIVEN NAME MIDDLE NAME SALUTATION <input type="text"/> GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others DATE OF BIRTH (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> AGE <input type="text"/> NATIONALITY <input type="text"/>			
EMPLOYMENT AND INCOME DETAILS OF ATTORNEY-IN-FACT (Please indicate details of employment and source of income.) OCCUPATION <input type="text"/> EMPLOYER <input type="text"/> NATURE OF WORK/BUSINESS OF THE EMPLOYER <input type="text"/> EMPLOYER/BUSINESS ADDRESS (number, street, municipality/city, province) <input type="text"/>			
<input type="checkbox"/> Employed NAME OF BUSINESS <input type="text"/> NATURE OF WORK/BUSINESS OF THE EMPLOYER <input type="text"/> BUSINESS ADDRESS (number, street, municipality/city, province) <input type="text"/>			
<input type="checkbox"/> Self-employed NAME OF BUSINESS <input type="text"/> NATURE OF WORK/BUSINESS OF THE EMPLOYER <input type="text"/> BUSINESS ADDRESS (number, street, municipality/city, province) <input type="text"/>			
<input type="checkbox"/> Others <input type="text"/> POLICY DETAILS NAME OF POLICYOWNER <input type="text"/> RELATIONSHIP OF ATTORNEY-IN-FACT TO POLICYOWNER <input type="text"/> REASON FOR THIRD-PARTY DISBURSEMENT <input type="text"/>			
EXECUTED AT <input type="text"/> on <input type="text"/> / <input type="text"/> / <input type="text"/> PLACE <input type="text"/> DATE COMPLETED <input type="text"/>			
<input checked="" type="checkbox"/> Signature over printed name of ATTORNEY-IN-FACT			

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:

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