

# Simplified Reinstatement Form

## Individual Policyowner



RFI



### REMINDERS:

Please use **CAPITAL LETTERS** and **black ink**.

Tick the appropriate box to indicate your choice.

Please do not sign on a blank form.

One form may be used for multiple policies if the Policyowner and Life Insured in all policies are the same. Otherwise, the individual submission of Reinstatement Form for each policy will be required.

# PRU LIFE U.K.



### PRU LIFE INSURANCE CORPORATION OF U.K.

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### POLICY NUMBERS

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### TYPE REQUIREMENTS

|  |   |
|--|---|
| <input type="checkbox"/> UPDATING<br><br><input type="checkbox"/> REDATING | <input type="checkbox"/> Reinstatement Form duly dated, signed by the Life Insured and the Policyowner, witnessed and signed by the Agent/Unit Manager (UM)/ Branch Manager (BM) or any disinterested party / branch staff; and<br><input type="checkbox"/> Payment of reinstatement cost.<br><br><b>If reinstating under monthly mode of payment, the following are strictly required:</b><br><input type="checkbox"/> Two (2) original copies of the Automatic Debit Arrangement Enrollment Form with proof of bank account; or<br><input type="checkbox"/> Credit Card Enrollment Form duly signed by the Policyowner and photocopy of the front portion of the credit card. |
|--|---|

### DETAILS OF LIFE INSURED

|  |              |  |
|--|--------------|--|
| SURNAME  |              |  |
| GIVEN NAME   |              |  |
| MIDDLE NAME  |              |  |
| OTHER LEGAL NAME/ALIAS   | CIVIL STATUS | GENDER<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female   |
| DATE OF BIRTH (mm/dd/yyyy)   | NATIONALITY  |  |
| PRESENT ADDRESS  |              |  |
| COUNTRY  |              | ZIP CODE   |
| PERMANENT ADDRESS <input type="checkbox"/> Tick if same as present address |              |  |
| COUNTRY  |              | ZIP CODE   |
| NAME OF EMPLOYER/NAME OF BUSINESS  |              |  |
| IDENTIFICATION INFORMATION   |              | SOURCE OF FUND<br><input type="checkbox"/> Salary <input type="checkbox"/> Business<br><input type="checkbox"/> Others |
| SSS/GSIS   | TIN          |  |
| ID NUMBER  | OTHERS       | (If premium payments come from a third party payor, please accomplish the KYC for Beneficial Owner Form)               |
| GROSS ANNUAL INCOME (in PhP)   |              |  |

Any changes in the Policyowner/Life Insured's personal details declared in this form will be used to update the Policyowner/Life Insured's personal details in our records.

### FOR OFFICIAL USE ONLY

|                        |                             |
|------------------------|-----------------------------|
| BRANCH RECEIPT DETAILS | HEAD OFFICE RECEIPT DETAILS |
|------------------------|-----------------------------|



**ADDITIONAL KNOW-YOUR-CUSTOMER (KYC) DETAILS OF THE POLICYOWNER** (If there are no changes in the following information, you may skip this section.)

ANY INFORMATION PROVIDED IN THIS SECTION WILL BE USED TO UPDATE YOUR PERSONAL DETAILS IN OUR RECORDS

|  |                                    |   |
|--|------------------------------------|---|
| SALUTATION (e.g. Mr., Mrs., Miss, etc.)  | AGE                                | PLACE OF BIRTH (city/province, country) |
| CIVIL STATUS<br><input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others     | TIN                                | SSS/GSIS                                |
| MOBILE NUMBER  | TELEPHONE NUMBER                   | EMAIL ADDRESS                           |
| EMPLOYER/BUSINESS MOBILE NUMBER  | EMPLOYER/BUSINESS TELEPHONE NUMBER | EMPLOYER/BUSINESS EMAIL ADDRESS         |
| EMPLOYER/BUSINESS ADDRESS  |                                    |   |
| PRESENT ADDRESS (number, street, municipality, province)   | COUNTRY                            | ZIP CODE                                |
| PRESENT ADDRESS (number, street, municipality, province)<br><input type="checkbox"/> Tick if same as present address | COUNTRY                            | ZIP CODE                                |

**STATEMENT OF INSURABILITY**

THIS PORTION SHOULD BE ANSWERED BY THE LIFE INSURED. PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM:

- By signing this Simplified Reinstatement Form, I hereby declare that I am in good health and have no physical or medical impairment and that during the last five (5) years, I have not consulted or been treated or examined by a doctor for any disease or injury and have not undergone any medical diagnostic test and procedures other than for routine pre-employment purposes. I further declare that I have not been confined in a hospital for any length of time or had any surgical procedure.

**DECLARATION OF UNDERSTANDING****PLEASE READ CAREFULLY BEFORE SIGNING THIS REINSTATEMENT FORM:**

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

1. All the statements and answers in this Form 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/ies.
2. 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.
3. Prior to the approval of the reinstatement applied for, I agree to inform Pru Life UK of any changes in my (a) state of health, and (b) occupation or activities.
4. If a material fact is not disclosed in this Form, the reinstatement may not be valid. I understand that if in doubt as to whether a fact is material, it will be disclosed to Pru Life UK.
5. The insurance coverage will not commence until the reinstatement has/have been approved, and the Policy/ies has/have 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. 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.
7. This Form and any Policy issued pursuant to it shall be subject to all applicable laws, regulations, resolutions and guidelines on financial underwriting, anti-money laundering, counter terrorist financing and financial and economic regimes. Any failure on my part to comply shall result in the disapproval of this Form, disallowance of policy transactions or the termination of my Policy. The contestability period of my Policy shall recommence from the date of last reinstatement.
8. I accept, agree with, and understand the features, benefits, nature, limitations, exclusions, risks, terms and conditions of the Policy/ies, product and attached riders. For unit-linked products, the next computed unit price following the Reinstatement Date of the Policy/ies will be applied.
9. 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 the said facilities.

EXECUTED AT

THIS

(mm/dd/yyyy)

PLACE

DATE COMPLETED

✓ Signature over printed name of **LIFE INSURED**✓ Signature over printed name of **POLICYOWNER** (If other than Life Insured)✓ Signature over printed name of **WITNESS****DATA PRIVACY STATEMENT**

We process the information you have provided in this form in accordance with applicable privacy laws and regulations to ensure the protection of your data. You may revisit our privacy policy through our website at (<https://www.prulifeuk.com.ph/en/footer/privacy-policy/>).



## CERTIFICATION OF CUSTOMARY SIGNATURE FOR POLICYOWNER

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:

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