

Request for Printed Policy Kit

This form is to be accomplished by clients who opted in for electronic policies at the time of application and are requesting for an initial printed policy. For replacement of lost or destroyed printed policies, please accomplish Agreement Pertaining to Loss or Destruction of Policy form.

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: _____



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

CLIENT INFORMATION

NAME OF LIFE INSURED			DATE OF BIRTH (mm/dd/yyyy)				
Last Name	First Name	MI	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME OF POLICY OWNER			POLICY NUMBER				
Last Name	First Name	MI	<input type="text"/>				
PRESENT ADDRESS (Number, street, municipality/city, province)			PLACE OF BIRTH				
<input type="text"/>			<input type="text"/>				
PERMANENT ADDRESS (Number, street, municipality/city, province)			GENDER				
<input type="text"/>			<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	NATIONALITY		
PHONE NUMBER	MOBILE NUMBER	EMAIL ADDRESS	TIN		SSS/GSIS No.		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
NAME OF EMPLOYER			NATURE OF WORK				
<input type="text"/>			<input type="text"/>				
NAME OF SELF-EMPLOYMENT/BUSINESS			SOURCES OF FUND				
<input type="text"/>			<input type="text"/>				
NAME OF BENEFICIARIES (If applicable)			Update existing record				
<input type="text"/>			<input type="checkbox"/> YES	<input type="checkbox"/> NO			

I understand that the documents of the issued Policy pertained by the details above have been made available for my viewing, downloading, and printing via PRUAccess. However, I still hereby request that Pru Life UK issue a printed copy of the Policy described above for all purposes.

SIGNATURE OVER PRINTED NAME OF POLICYOWNER