

Request for Cash Surrender

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.

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

(For office use only) Date received: _____ Time: _____ am/pm Received by (Department): _____

APPLICANT INFORMATION

Name of Policyowner (Last name, First name, Middle initial)	Date of birth (mm/dd/yyyy)	
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Name of Life Insured (if different from Policyowner) (Last name, First name, Middle initial)	Policy number	
<input type="text"/>	<input type="text"/>	
Present address	Place of birth	
<input type="text"/>	<input type="text"/>	
Permanent address	Sex	Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone number	Mobile number	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Employer	Nature of work	
<input type="text"/>	<input type="text"/>	
Nature of self-employment/business	Sources of funds	
<input type="text"/>	<input type="text"/>	
Name of irrevocable beneficiary/ies, if applicable	Update existing record?	
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, identify which record/s: _____		
Reasons for surrender:		
<input type="checkbox"/> Lack of funds <input type="checkbox"/> Dissatisfaction with the service of the assigned agent/no assigned agent		
<input type="checkbox"/> Moving abroad <input type="checkbox"/> Dissatisfaction with the services of Pru Life UK		
<input type="checkbox"/> Replacement of Policy <input type="checkbox"/> With multiple coverage		
<input type="checkbox"/> Plan features do not meet client's needs		
<input type="checkbox"/> Others (please specify)		

MODE OF RELEASE:

<input type="checkbox"/> Cheque
Preferred pick-up location of Cheque
<input type="checkbox"/> (Customer Center _____); <input type="checkbox"/> (GA Branch _____)
<input type="checkbox"/> Fund Transfer
Bank account details: (should be bank account of the Policyowner)
Account holder: _____
Account type and number: _____
Name of bank: _____

GUIDELINES

1. The Policy must be returned to Pru Life UK together with this form.
2. Pru Life UK will not accept the return of the cash surrender amount after this application has been approved.
3. The Policy is terminated upon processing of the cash surrender application.
4. The consent of the irrevocable beneficiary, if any, to this transaction is required. If the irrevocable beneficiary is a minor, the (i) parent/s, (ii) judicial guardian, or (iii) grandparent, eldest sibling or relative who has actual custody of the minor, as long as they are not disqualified or incapacitated, must present Letters of Guardianship, and a court order authorizing the request for cash surrender on the Policy, as applicable.
5. If the Policy has been assigned, the consent of the assignee is required.
6. If the assignee is a corporation, below are the additional requirements:
 - Duly signed Request for Cash Surrender Form
 - Clear copy of one (1) valid government-issued or two (2) valid non-government identification of the assigned authorized representative; and
 - Certified true copy of Board of Directors' resolution order authorizing the request for cash surrender on the Policy and giving the executing officer the power to sign this application on behalf of the corporation.
7. The witness portion must be duly signed by the agent or a third party of legal age.
8. If the Policyowner is abroad, a current and duly executed and authenticated Special Power of Attorney is required.
9. To claim the cheque, the applicant must present one (1) valid government issued identification (passport, SSS, TIN, driver's license) or two (2) valid non-government identification (company ID or professional ID).
10. If a representative is designated to claim the cheque, the following must be presented:
 - a) Authorization letter (please see back of the page); and b) Proper identification papers of the Policyowner and authorized representative.

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

REQUEST FOR CASH SURRENDER

I hereby apply for the surrender of my Policy. I understand and agree to the following:

In consideration of and in exchange for the net cash surrender value, the Policy issued on the life of the above Life Insured is hereby surrendered for cancellation.

In accordance with the terms of the Policy, it is hereby agreed that any indebtedness thereon to Pru Life UK will be deducted from the cash value. Said cash value is accepted in full settlement and complete satisfaction of all rights, claims and demands under said Policy.

The liability of Pru Life UK in relation to the Policy is, as of this date, fixed and limited to its cash surrender value, if any. If my application for surrender of the Policy is approved, I absolutely and completely release, discharge and hold Pru Life UK free and harmless from all claims, demands, liabilities or any cause of action, in law or in equity, that may arise from or be related to the cancellation of my Policy (if applicable) and any payments made by Pru Life UK pursuant to this application.

It is expressly represented and warranted that no other person, firm, corporation, has any interest in the said Policy except the undersigned and that no proceeding in insolvency or bankruptcy has been instituted or is pending against the undersigned

EXECUTED AT _____ THIS _____ / _____ / _____ (mm/dd/yyyy)
PLACE _____ DATE COMPLETED _____

READ INSTRUCTIONS BEFORE SIGNING

✓ Signature over printed name
of Life Insured/Policyowner

✓ Signature over printed name
of witness/agent

✓ Signature over printed name
of irrevocable beneficiary

With our consent:

✓ Signature over printed name
of assignee

✓ Signature over printed name
of witness/agent

✓ Signature over printed name
of irrevocable beneficiary

AUTHORIZATION TO CLAIM CHEQUE

This is to authorize _____, with the proper identification and whose specimen signature appears below, to receive the cheque from the cash surrender on my behalf.

✓ Signature over printed name
of authorized representative

✓ Signature over printed name
of Life Insured/Policyowner

ACKNOWLEDGMENT

Received from Pru Life UK the sum of _____ (PhP/USD _____) in full settlement of the net cash surrender value of the above Policy.

I hereby surrender to Pru Life UK the aforesaid Policy for cancellation and waiving of all rights and claims thereunder.

✓ Signature over printed name
of authorized representative

(mm/dd/yyyy)

DATE RECEIVED