

Suitability Assessment Form



SERIAL NUMBER OF THE PROPOSAL

The completion of this Suitability Assessment Form prior to any product recommendation is a **MANDATORY** requirement under Insurance Circular Letter No. 33-2013, otherwise known as the 2013 Market Conduct Guidelines. Aside from the section on Dependents, all other fields are mandatory. Please provide all the necessary information.

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Important reminders to the Client

This form should be accomplished by the Client unless stated in the section.

1. Your Life Insurance Agent/Insurance Broker must have sufficient information from you before making appropriate and suitable advice. If you choose not to provide the requested information, your Life Insurance Agent/Insurance Broker might not be able to provide you with appropriate or suitable advice and as a result, you risk making a financial commitment in a life insurance policy that is not suitable for or is inappropriate to your needs.
2. Prior to making a decision to purchase any life insurance policy, you must be satisfied with the explanation given to you by your Life Insurance Agent/Insurance Broker as regards the essential information on or the major features of the policy and you must be satisfied that the policy best meets your insurance needs and resources.
3. You must ensure that the features of such recommended policy, together with a Quotation Proposal, have been discussed with you by your Life Insurance Agent/Insurance Broker prior to purchasing the recommended policy.

I. CLIENT'S BASIC INFORMATION

Name	Civil status	Age	Birthdate	Occupation
Dependents (limited to children, parents, siblings) optional				
Name	Age	Gender	Relationship to the applicant	
Existing Pru Life UK policy/ies (optional)				
Product name/s			Aggregate Sum Assured	Aggregate Annual Premium

II. YOUR FAMILY NEEDS AND PRIORITIES (RANK YOUR FINANCIAL NEEDS FROM 1-6 WITH 1 AS TOP PRIORITY.)

	Rank		Rank
a. Protection	_____	e. Savings due to critical illness and hospitalization	_____
b. Children's education	_____	f. Estate conservation	_____
c. Retirement	_____	g. Others:*	_____
d. Medium- to long-term savings	_____		_____

* Specify: estate conservation, wealth accumulation, business insurance, loan cover, etc.

III. CALCULATION OF NEEDS (PLEASE COMPUTE THE TOP PRIORITY. COMPUTATION OF OTHER PRIORITIES IS OPTIONAL.)

Protection a. Monthly budget <input type="text"/> b. Annual budget (a x 12) <input type="text"/> c. Years to protect income <input type="text"/> d. Family protection need (b x c) <input type="text"/> e. Provision made for family protection <input type="text"/> f. Protection shortfall (d - e) <input type="text"/>		Retirement a. Desired retirement age <input type="text"/> b. Desired monthly retirement allowance <input type="text"/> c. Period to receive retirement allowance <input type="text"/> d. Retirement need (b x 12 x c) <input type="text"/> e. Provision made for retirement <input type="text"/> f. Retirement shortfall (d - e) <input type="text"/>	
Children's education a. University choice <input type="text"/> b. Child's age <input type="text"/> c. Projected tuition fees and related costs <input type="text"/> d. Provision made for education <input type="text"/> e. Education shortfall (c - d) <input type="text"/>		Medium- to long-term savings a. Future goal (house, car, holiday, etc.) <input type="text"/> b. Target date of accumulation <input type="text"/> c. Total savings required <input type="text"/> d. Provision made for savings <input type="text"/> e. Savings shortfall (c - d) <input type="text"/>	
Savings due to critical illness and hospitalization a. Approximate amount needed to cover critical illness <input type="text"/> b. Provision made for critical illness <input type="text"/> c. Critical illness and hospitalization shortfall <input type="text"/>		Estate conservation a. Approximate future value of the net estate <input type="text"/> b. Estimated estate tax liability payable <input type="text"/> c. Provision made for estate conservation <input type="text"/> d. Estate conservation shortfall (b-c): <input type="text"/>	
Others (Life Insurance Agent/Insurance Broker: Please provide your computation by indicating the AMOUNT NEEDED and the CHOSEN NEED, i.e., wealth accumulation, business insurance, loan cover, etc.)			

How much are the minimum and maximum amounts you are willing to set aside as your annual premium?

Minimum amount _____ Maximum amount _____ What method will you use for initial payment? _____

IV. INVESTMENT RISK PROFILER (MUST BE FILLED OUT TO ASSESS RISK APPETITE BEFORE ANY PRODUCT RECOMMENDATION IS MADE.)

This assessment is designed to establish your investment risk profile. To ensure that Pru Life UK can offer products and services tailored to your needs and risk profile, it is necessary that you provide accurate and sufficient information about your investment capability, investment horizon, investment objectives, knowledge and experience in investments and financial markets, willingness to incur potential losses, and current financial status. Each answer choice corresponds to a score. Choose the option that most accurately reflects your circumstances, as your answers form the basis for establishing your risk profile. However, this is not intended to be a complete and full assessment of your investment risk profile as there might be other variables affecting your profile that are not considered in this form.

Your risk profile evolves over time, so we recommend reassessing it at least every two years or whenever your circumstances and needs change.

Please encircle the score corresponding to the answer that mostly defines your current needs and/or describes your situation.

Note for Agents: For applications outside PRUOne, calculate the Total Score by simply adding the calculated weighted scores from Questions 1 to 8.

INVESTMENT CAPABILITY (10%)	SCORE	
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1. Approximate monthly income (derived from ALL sources of income; please choose one)

A	Below PhP 15,000	0	0
B	PhP 15,000 - PhP 29,999	1	0.1
C	PhP 30,000 - PhP 49,999	2	0.2
D	PhP 50,000 - PhP 79,999	2	0.2
E	PhP 80,000 - PhP 99,999	3	0.3
F	PhP 100,000 - PhP 249,999	3	0.3
G	PhP 250,000 - PhP 499,999	4	0.4
H	Above PhP 500,000	4	0.4

INVESTMENT HORIZON (5%)	SCORE	
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2. Which age bracket do you belong to?

A	18 to 40 years old	4	0.2
B	41 to 50 years old	3	0.15
C	51 to 60 years old	2	0.1
D	61 to 70 years old	1	0.05
E	Above 70 years old	0	0

INVESTMENT HORIZON (5%)	SCORE	
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3. How long will you allow your money to grow before you feel the need to have access to it?

A	Less than three years	0	0
B	3 to 5 years	1	0.05
C	6 to 7 years	2	0.1
D	8 to 10 years	3	0.15
E	At least 10 years	4	0.2

INVESTMENT GOAL (5%)	SCORE	
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4. Which of the following best describes your investment objective?

A	I am more focused on insurance and financial protection in case of loss due to death, accident, and/or sickness.	0	0
B	Capital preservation - I want to protect my initial investment and as much as possible avoid any losses. Low but positive returns are expected.	1	0.05
C	Income and Growth - I am looking for a steady income stream but am open to some fluctuations for potential capital growth. I lean towards investments that offer both income generation and long-term growth prospects.	2	0.1
D	Capital Growth - I aim for sustained growth with a steady income. I am willing to accept volatility to attain capital growth.	3	0.15
E	Significant capital appreciation - I aim for capital growth and embrace volatility. My preference lies in high-risk investments that offer potential high returns.	4	0.2

KNOWLEDGE ON INVESTMENTS AND/OR FINANCIAL MARKETS (15%)	SCORE	
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5. Which financial products are you familiar and knowledgeable about? (Check all that apply)

A	None	0	0
B	Deposit/Savings Account	1	0.15
C	Bonds/Fixed Income Assets	2	0.3
D	Unit Investment Trust Funds / Mutual Funds/ Unit-Linked Life Insurance Funds	3	0.45
E	Stocks/ Equities/ Real Estate Investment Trusts/ Real Estate	4	0.6
F	Foreign Exchange/ Foreign Currency / Cryptocurrency	5	0.75

EXPERIENCE ON INVESTMENTS AND/OR FINANCIAL MARKETS (15%)	SCORE	
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6. How many years of investment experience do you have?

A	First time to invest (0 prior/existing experience)	0	0
B	Less than 1 year (with existing experience at least)	1	0.15
C	1-5 years	2	0.3
D	6-10 years	3	0.45
E	More than 10 years	4	0.6

CAPACITY TO TAKE ACTUAL AND POTENTIAL LOSS (20%)

SCORE

7. How much loss from your investments can you afford to take in the long term (5 years or more)?

A	I prefer guaranteed income and cannot afford any losses	0	0
B	I can afford up to 5% loss	1	0.2
C	I can afford up to 10% loss	2	0.4
D	I can afford up to 20% loss	3	0.6
E	I can afford more than 20% loss	4	0.8

CURRENT FINANCIAL STATUS (25%)

Please choose the statement that most accurately reflects your current financial status. Take into account your everyday expenses, your capacity to settle any existing debts, and your savings for unforeseen circumstances and retirement.

SCORE

8. How critical is your investment objective to be achieved in the long term?

A	I need this investment to complement my existing income.	0	0
B	Currently, I do not need this investment to supplement my income, but this situation might change in the coming months	1	0.25
C	I do not anticipate needing this investment for my current needs; however, I may require access to these funds in case of an emergency.	2	0.5
D	My financial status is stable and I have enough cash flow to cover most of my needs.	3	0.75
E	I am in a stable financial position and can handle any unexpected financial needs.	4	1

YOUR TOTAL SCORE

V. INVESTOR RISK PROFILE

Check off one (1) of the boxes below corresponding to the Risk Profile Score

From	To		
0.00	1.00	<input type="checkbox"/>	Suitable for traditional insurance This means that you prefer stability, are cautious about risks, and prioritize guaranteed benefits and financial security in the event of life uncertainties and emergencies. Investors in this category are recommended to consider getting a traditional insurance. Revisit the chosen product with your Agent/Financial Advisor.
1.01	2.21	<input type="checkbox"/>	Conservative This means that when you invest, capital preservation is your primary concern and you prefer to take less risk. While there is low risk of potential capital loss, you understand that potential returns may not always beat inflation. Investors in this category may consider funds with risk rating of 1.
2.22	3.44	<input type="checkbox"/>	Moderate This means that when you invest, you look to trade-off some capital preservation for capital growth in the long run. You understand that to achieve this potential, you should be willing to accept an increased level of investment volatility and moderate risk of potential capital loss. Investors in this category may consider funds with risk rating of 1 and 2.
3.45	above	<input type="checkbox"/>	Aggressive This means that when you invest, your primary goal is to achieve significant return on your capital in the long run. You understand that to realize this potential, you should be willing to accept high level of investment volatility and high risk of potential capital loss. Investors in this category may consider funds with risk rating of 1, 2 and 3.

The profile descriptions are only illustrative and outline the common traits of individuals with the corresponding investment risk profiles for reference. The fund risk rating, ranging from 1 to 3, is based on the underlying investments or assets and the volatility of the fund options. The higher the risk rating, the greater the potential return and the risk of loss. The investment risk profiling and its results should not be considered as a recommendation for the selection of the specific fund(s).

After assessing my investment risk profile, I choose:

YOUR FUND/S CHOICE

Percent	Peso-denominated funds	Risk rating	Percent	US dollar-denominated funds	Risk rating
	PRULink Money Market Fund	1		PRULink US Dollar Bond Fund	1
	PRULink Bond Fund	1		PRULink Asian Local Bond Fund	2
	PRULink Managed Fund	2		PRULink Cash Flow Fund	2
	PRULink Cash Flow Fund - Hedged Share Class	2		PRULink Asian Balanced Fund	2
	PRULink Flexi Income Fund	2		PRULink Asia Pacific Equity Fund	3
	PRULink Proactive Fund	3		PRULink Global Emerging Markets Dynamic Fund	3
	PRULink Growth Fund	3		Others	
	PRULink Equity Fund	3		TOTAL	
	PRULink Equity Index Tracker Fund	3			
	PRULink Peso Global Market Navigator Fund	3			
	PRULink Global Equity Navigator Fund - PhP Unhedged Share Class	3			
	PRULink Global Tech Navigator Fund	3			
	Others				
	TOTAL				

Some of the funds are only available to specific products. Please consult your Life Insurance Agent/Insurance Broker.

Fund match: ☐ Yes ☐ No If no, reason for mismatch:

VI. RECORD OF ADVICE (TO BE COMPLETED BY THE LIFE INSURANCE AGENT/INSURANCE BROKER)

a. Recommended policy (1)

Type of plan*	
<input type="checkbox"/> Unit-linked <input checked="" type="checkbox"/> Traditional <input type="checkbox"/> Accident and Health	
Policy name	Number of years to pay
PERSONAL ACCIDENT	YEARLY RENEWABLE
Core benefits of the policy	
<input checked="" type="checkbox"/> Death benefit <input type="checkbox"/> Loyalty Bonus <input checked="" type="checkbox"/> Total and Permanent Disability <input checked="" type="checkbox"/> Accidental Death and Disablement <input checked="" type="checkbox"/> Others	
DHI, AMER, M&A, BURIAL	

b. Recommended policy (2)

Type of plan*	
<input type="checkbox"/> Unit-linked <input type="checkbox"/> Traditional <input type="checkbox"/> Accident and Health	
Policy name	Number of years to pay
Core benefits of the policy	
<input type="checkbox"/> Death benefit <input type="checkbox"/> Loyalty Bonus <input type="checkbox"/> Total and Permanent Disability <input type="checkbox"/> Accidental Death and Disablement <input type="checkbox"/> Others	

VII. PRODUCT SUITABILITY ASSESSMENT (TO BE COMPLETED BY THE LIFE INSURANCE AGENT/INSURANCE BROKER)

Will the recommended product offer a premium range within the limits identified by the prospect client?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Will the recommended product address* the identified shortfall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
*regardless of whether the solution will address all or part of the shortfall as this will depend on the client's premium commitment	
If the answer to the question above is YES, how will the recommended product solution provide for the shortfall? (check all that apply)	
<input type="checkbox"/> Sum assured <input type="checkbox"/> Total living benefits or total fund value <input type="checkbox"/> Rider(s) such as:	

Accomplish this section after client has signed the Quotation Proposal.

a. Chosen policy

PERSONAL ACCIDENT

b. Basis for the chosen policy (check only one)

<input checked="" type="checkbox"/>	The chosen policy was recommended by the Life Insurance Agent/Insurance Broker based on the result of this assessment.
<input type="checkbox"/>	The chosen policy was recommended by the Life Insurance Agent/Insurance Broker based on the discussions with the Client and not on the result of this assessment. The reason/justification why said policy was chosen is found in item c below.

c. Reason/justification why the Client chose another policy instead of the recommended policy based on the result of this assessment.

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VIII. CLIENT'S ACKNOWLEDGMENT

Accident and Health	Traditional Life	Unit-Linked
		My Life Insurance Agent/Insurance Broker discussed the policy charges.
	My Life Insurance Agent/Insurance Broker explained what "policy loan" is, its guaranteed feature, and its impact on the other benefits of the policy.	My Life Insurance Agent/Insurance Broker explained what "partial/full withdrawal value" is, its non-guaranteed feature, and its impact on the other benefits of the policy.
	My Life Insurance Agent/Insurance Broker explained the rights available to me during the free-look period.	My Life Insurance Agent/Insurance Broker explained the rights available to me during the cooling-off period.
	My Life Insurance Agent/Insurance Broker explained the non-guaranteed nature of dividends (participating traditional plans).	My Life Insurance Agent/Insurance Broker explained the non-guaranteed fund values and rate of accumulation.
		My purchase of a unit-linked plan and fund choices are aligned with the result of my Investment Risk Profiler. I accept and take full responsibility for the risks and consequences of my fund choice which may or may not be consistent with the results of my Investment Risk Profiler.
My Life Insurance Agent/Insurance Broker made me aware that the policy recommended is a life insurance product.		
My Life Insurance Agent/Insurance Broker explained the recommended policy effectively in terms of features and benefits.		
My Life Insurance Agent/Insurance Broker explained the policy's premium-paying period.		
My Life Insurance Agent/Insurance Broker explained the impact of not paying the premiums when they fall due.		
I hereby declare that I have read and fully understood this entire Suitability Assessment Form and that the answers I provided are accurate and complete.		
I confirm that my Life Insurance Agent/Insurance Broker has satisfactorily explained to me the result of this Suitability Assessment Form, the product features, the benefits, and the risks.		
I confirm that my Life Insurance Agent/Insurance Broker has provided me a copy of the Product Summary to aid in my decision of purchasing a life insurance product suitable to my needs.		
I take full responsibility and accept potential risks and consequences for the choice of insurance product which may or may not be based on the results of this Suitability Assessment.		
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <hr style="width: 200px; border: 0; border-top: 1px solid black;"/> Signature over printed name of Client </div> <div style="text-align: center;"> <hr style="width: 100px; border: 0; border-top: 1px solid black;"/> Date </div> </div>		

This is a required field for the servicing agent

VC Policy applicable? ☐ Yes ☒ No

Is a Witness present at the time of sales presentation?

☐ Yes

☐ No

If yes, Witness ID is required

Reason for No witness (check only one)

☐ No immediate family member/s, nor relatives such as in laws, uncle/auntie, niece/nephew, grandchild nor personal lawyer or accountant in the Philippines at the time of sales presentation.

Does the provided ID of the Witness have an expiration?

☐ Yes

☐ No

Date of expiration: _____

☐ Client confirms that he/she doesn't need a witness during the sales presentation.

If option B is chosen, please provide the reason for no witness in the Agents notes on VC requirements below. This is mandatory.

Signature over printed name of Witness/Relationship with Client

Date

Agents notes on VC Requirements

Life Insurance Agent/Insurance Broker's acknowledgment

- a. I will treat the information given in this Suitability Assessment Form with strict confidence and I will use it for the purpose of finding out information for the process of recommending insurance products. I will not use it for any other purpose.
- b. The advice provided herein is based on facts given solely by the Client in this Suitability Assessment Form. I have taken reasonable steps to make sure that the advice is suitable to the Client, taking into consideration the facts disclosed and other relevant facts which are made available to me. I have also explained to the Client about the features of the policy/ies recommended and have given him/her enough information so that he/she can make an informed and intelligent decision on the policy/ies he/she intends to purchase.
- c. I declare that there are no conflicts of interest that may affect the recommendations I have provided to my Client.
- d. I declare that reasonable effort was exerted in making sure that the plan is suitable to the needs/profile/financial objectives of my Client pursuant to IC CL 33-2013: Market Conduct Guidelines: B.3 Agent's Sales Process: Suitability and my Career Agent's Master Agreement (CAMA).

Signature above printed name of Life Insurance Agent/Insurance Broker

Date