Policy Amendment Request Form

Corporate/Entity Policyowner

PRU LIFE U.K.

PRU LIFE INSURANCE CORPORATION OF U.K.
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1634 Taguig City, Philippines
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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.

One form for multiple policies may be used for:

- Minor amendment requests; and
- Major amendment requests if the Policyowner, Life Insured, and Irrevocable Beneficiary/ies are all the same. Otherwise, the individual submission of Policy Amendment Request Form for each policy will be required.

POLICY NUMBERS

PAC 22-000000

DETAILS OF POLICYOWNER

COMPANY/BUSINESS NAME

COMPANY REGISTRATION NUMBER

COUNTRY OF INCORPORATION

DATE OF INCORPORATION (mm/dd/yyyy)

NAME OF AUTHORIZED REPRESENTATIVE

MOBILE NUMBER OF AUTHORIZED REPRESENTATIVE

TELEPHONE NUMBER OF AUTHORIZED REPRESENTATIVE

EMAIL ADDRESS OF AUTHORIZED REPRESENTATIVE

With changes in Policyowner's details in the records of Pru Life UK? ☐ Yes (Fill out the additional KYC details section) ☐ No

DETAILS OF AMENDMENT REQUEST

MINOR AMENDMENT

1 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 the Policyowner's details in our records.

DIRECTORS (Please attach an updated General Information Sheet for the complete list of members of the Board of Directors.)

PRINCIPAL STOCKHOLDERS OWNING AT LEAST 2% OF THE GENERAL STOCK (Please attach an updated General Information Sheet for the complete list of stockholders.)

BENEFICIAL OWNERS (Individuals owning/controlling more than 20% of the company's shares or voting rights.) Please attach an updated General Information Sheet.

SUBSTANTIAL UNITED STATES (US) BENEFICIAL OWNERS

COMPANY TELEPHONE NUMBER

COMPANY MOBILE NUMBER

COMPANY EMAIL ADDRESS

NATURE OF BUSINESS

☐ Financial institution[1] ☐ Professionally managed trust[2] ☐ Others ( )

[1] Financial institution refers to any organization that holds a banking, securities, and/or life insurance license. Examples of financial institutions include banks, life insurers, custodians, asset managers, and investment funds.

[2] Professionally managed trust is a trust that is professionally managed by a bank, custodial institution, life insurance company, or investment entity that is a professional investment advisor.

a) Is the Policyowner listed or traded on any regulated stock exchange? (If no, please complete question "b" below; otherwise, please ignore.) ☐ Yes ☐ No

b) Does any USA person, entity,[3] directly or indirectly, own more than 10% of the organization? ☐ Yes ☐ No

[3] Defined as one of the following: a) citizen or resident of the USA; b) a partnership, corporation, company, or association created or organized in the USA or under the laws of the USA; c) any USA estate; d) any USA trust subject to USA supervision and substantially controlled by a USA person.

BUSINESS ADDRESS
(number, street, municipality/city, province)

COUNTRY ZIP CODE

ALTERNATIVE ADDRESS
(number, street, municipality/city, province) ☐ Tick if same as business address

COUNTRY ZIP CODE

☐ I warrant that the consent of the Beneficial Owner/s were obtained for the use, storage and processing of their information for purposes of compliance with regulatory requirements, the processing of the amendment applied for, and administration of the Policy/ies. I undertake to provide Pru Life UK with proof of my authority to give the required consents of the Beneficial Owner/s with respect to the disclosure and processing of their personal information and/or sensitive personal information for the legitimate purposes set out in this Policy Amendment Request Form or in the Policy/ies.

Preferred billing address of Policyowner for Pru Life UK correspondence:
☐ Insured's present address ☐ Business address
☐ Insured's permanent address ☐ Alternative business address

REASON FOR CHANGE IN ADDRESS (Note: If the new address is the same as the servicing agent's address, please indicate the relationship with the agent and reason for such request. This request is subject to further evaluation and approval in compliance with Pru Life UK guidelines.)

FOR OFFICIAL USE ONLY

BRANCH RECEIPT DETAILS		HEAD OFFICE RECEIPT DETAILS	

DETAILS OF AMENDMENT REQUEST

2 CHANGE DETAILS OF LIFE INSURED

Please fill out only the fields that need to be updated/changed.

SURNAME

GIVEN NAME

MIDDLE NAME

OTHER LEGAL NAME/ALIAS

GENDER
- ☐ Male
- ☐ Female

CIVIL STATUS
- ☐ Single ☐ Married
- ☐ Others

SALUTATION (e.g. Mr., Mrs., Miss, etc.)

DATE OF BIRTH (mm/dd/yyyy)

AGE

NATIONALITY

PLACE OF BIRTH (city/province, country)

PRESENT ADDRESS
(number, street, municipality/city, province)

COUNTRY

ZIP CODE

PERMANENT ADDRESS
(number, street, municipality/city, province)

☐ Tick if same as present address

COUNTRY

ZIP CODE

MOBILE NUMBER

TELEPHONE NUMBER

EMAIL ADDRESS

TIN

SSS/GSIS

OCCUPATION (State exact duties; if member of AFP/PNP, state rank)

NATURE OF WORK OR NATURE OF BUSINESS (if self-employed)

EMPLOYER

NATURE OF BUSINESS OF EMPLOYER

EMPLOYER'S MOBILE NUMBER

EMPLOYER'S TELEPHONE NUMBER

EMPLOYER'S EMAIL ADDRESS

EMPLOYER/BUSINESS ADDRESS (number, street, municipality/city, province)

COUNTRY

ZIP CODE

3 CHANGE IN BENEFICIARIES

Accomplish this section only if there are changes in the Beneficiary Details.
Pru Life UK will assume the following default options unless stated otherwise: a) Beneficiary Designation – Revocable b) % Share – equal sharing among Beneficiaries

TYPE OF REQUEST
- ☐ Add
- ☐ Delete
- ☐ Change in details

SURNAME, GIVEN NAME, MIDDLE NAME

DATE OF BIRTH (mm/dd/yyyy)

GENDER ☐ Male ☐ Female

RELATIONSHIP TO INSURED

% SHARE

TYPE OF BENEFICIARY ☐ Primary ☐ Secondary

BENEFICIARY DESIGNATION ☐ Revocable ☐ Irrevocable

PLACE OF BIRTH

NATIONALITY

PRESENT ADDRESS (number, street, municipality/city, province) ☐ Tick if same as Policyowner

COUNTRY

ZIP CODE

TYPE OF REQUEST
- ☐ Add
- ☐ Delete
- ☐ Change in details

SURNAME, GIVEN NAME, MIDDLE NAME

DATE OF BIRTH (mm/dd/yyyy)

GENDER ☐ Male ☐ Female

RELATIONSHIP TO INSURED

% SHARE

TYPE OF BENEFICIARY ☐ Primary ☐ Secondary

BENEFICIARY DESIGNATION ☐ Revocable ☐ Irrevocable

PLACE OF BIRTH

NATIONALITY

PRESENT ADDRESS (number, street, municipality/city, province) ☐ Tick if same as Policyowner

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TYPE OF REQUEST
- ☐ Add
- ☐ Delete
- ☐ Change in details

SURNAME, GIVEN NAME, MIDDLE NAME

DATE OF BIRTH (mm/dd/yyyy)

GENDER ☐ Male ☐ Female

RELATIONSHIP TO INSURED

% SHARE

TYPE OF BENEFICIARY ☐ Primary ☐ Secondary

BENEFICIARY DESIGNATION ☐ Revocable ☐ Irrevocable

PLACE OF BIRTH

NATIONALITY

PRESENT ADDRESS (number, street, municipality/city, province) ☐ Tick if same as Policyowner

COUNTRY

ZIP CODE

Please use the special instructions box below if there are more than three (3) Primary and/or Secondary Beneficiaries.

SPECIAL INSTRUCTIONS

DETAILS OF AMENDMENT REQUEST

4 CHANGE METHOD OF PAYMENT

☐ Cash ☐ Post-dated check

5 RESUME CREDIT CARD/AUTO-DEBIT ARRANGEMENT (ADA) BILLING

☐ I, as the Authorized Representative, opt to resume credit card/ADA billing and allow Pru Life UK to collect all unpaid premiums from the most recent enrolled/existing card of the Policyowner.

6 STOP CREDIT CARD/AUTO-DEBIT ARRANGEMENT (ADA) BILLING

☐ I, as the Authorized Representative, opt to stop credit card/ADA billing and agree to the following conditions:
Request must be received by Pru Life UK at least five (5) working days before the premium due date. All unpaid premiums shall be collected upon resumption of the billing.
To prevent lapsation of the Policy/ies, the Policyowner may select from Pru Life UK's payment facilities.

7 CHANGE MODE OF PAYMENT

☐ Annual ☐ Semi-annual ☐ Quarterly ☐ Monthly

8 PREMIUM HOLIDAY AVAILMENT

☐ I, the Authorized Representative, opt to avail of the Premium Holiday. Premium payments may be discontinued at any time, as long as the fund value is sufficient to cover the applicable charges on the Policy/ies. Once the fund value is insufficient to cover the said outstanding charges, the Policy/ies will be terminated.

If this feature is availed of, corresponding charges will be applied (applicable for Elite plans).

9 NON-FORFEITURE OPTION (FOR TRADITIONAL PLANS ONLY)

☐ Cash surrender value ☐ Reduced paid-up insurance ☐ Automatic premium loan option ☐ Extended term insurance

10 DIVIDEND OPTION AND SUB-OPTION (FOR TRADITIONAL PLANS ONLY)

☐ Paid in cash ☐ Used to pay a portion of premium ☐ Used to buy paid-up insurance ☐ Left to accumulate and earn interest sub-option:
- ☐ Ordinary accumulation
- ☐ Self-liquidation
- ☐ Fully paid-up
- ☐ Early maturity
- ☐ Cash allowance

11 DIVIDEND CONSENT (FOR TRADITIONAL PLANS ONLY)

☐ I, the Authorized Representative, agree to use any dividend accumulation of the Policy/ies towards any premium default option in effect.

MAJOR AMENDMENT

12 PREMIUM

☐ Increase ☐ Decrease Amount:

13 SUM ASSURED

☐ Increase ☐ Decrease Amount:

14 RIDERS

TYPE OF REQUEST	NAME OF RIDER	RIDER COVERAGE
☐ Add ☐ Delete ☐ Increase coverage ☐ Decrease coverage		
☐ Add ☐ Delete ☐ Increase coverage ☐ Decrease coverage		
☐ Add ☐ Delete ☐ Increase coverage ☐ Decrease coverage		
☐ Add ☐ Delete ☐ Increase coverage ☐ Decrease coverage		
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☐ Add ☐ Delete ☐ Increase coverage ☐ Decrease coverage		
☐ Add ☐ Delete ☐ Increase coverage ☐ Decrease coverage		
☐ Add ☐ Delete ☐ Increase coverage ☐ Decrease coverage		

Please use the special instructions box below if there are more than ten (10) riders.

SPECIAL INSTRUCTIONS

DETAILS OF AMENDMENT

15 RECONSIDERATION OF RATING

☐ Health

- Submission of medical documents is required.
- The Policyowner will shoulder the expenses for medical examinations.
- Request is subject to the approval of Pru Life UK.

☐ Occupation

- Completely fill out the "Change in Occupation" details.
- A Certificate of Employment from the Life Insured's new employer is required.

CHANGE OF OCCUPATION DETAILS

NEW OCCUPATION

NATURE OF WORK OR NATURE OF BUSINESS (if self-employed)

EMPLOYER

NATURE OF BUSINESS OF EMPLOYER

EMPLOYER/BUSINESS ADDRESS (number, street, municipality/city, province)

COUNTRY

ZIP CODE

JOB DESCRIPTION

SPECIAL INSTRUCTIONS

STATEMENT OF INSURABILITY

This section should be completed and signed by the Life Insured for any increase in insurance coverage, inclusion of riders, or any request involving additional risks.

	Life Insured	Details
1. Are you in good health, free from all diseases, deformities and abnormalities? If no, please provide details.	☐ Yes ☐ No	
2. Since the issuance of the Policy/ies or the last reinstatement, have you:		Details of "YES" answer
a) Ever had any illness or recurrent illness, injury, medication, or disease?	☐ Yes ☐ No	
b) Ever had any medical consultation, hospitalization, or surgical operation due to any condition, or been prescribed for or attended by a physician or practitioner for any cause, or undergone any diagnostic test/s? Please indicate results.	☐ Yes ☐ No	
c) Ever been confined or hospitalized in a clinic, institution, or other medical facility?	☐ Yes ☐ No	
d) Ever changed your customary occupation, or country of residence? If yes, please indicate details.	☐ Yes ☐ No	
e) Ever had any application for life, accident or health insurance, or reinstatement that was declined, postponed, rated, or modified?	☐ Yes ☐ No	
f) Experienced death among the immediate members of your family? If yes, please provide details.	☐ Yes ☐ No	
3. For female clients, are you now pregnant? If yes, how many months?	☐ Yes ☐ No	

AUTHORIZATION TO FURNISH MEDICAL INFORMATION

In order to be able to process this request, the Policyowner and/or Life Insured authorize PRU LIFE INSURANCE CORPORATION OF U.K. and its authorized representatives, including its investigators, to obtain the relevant medical information from hospitals, medical facilities, and physicians. A photocopy of this authorization shall be deemed as valid as the original.

SUBSTITUTE DECLARATION STATEMENT

☑ Tick if statement below is applicable

I, the Authorized Representative, declare that the Policyowner is not one of the following:

(a) Financial institution;
(b) Professionally managed trust;
(c) Non-listed entity of which more than 10% is owned by any USA person/entity; or
(d) Required to file a tax return in the USA.

DECLARATION OF UNDERSTANDING

PLEASE READ CAREFULLY BEFORE SIGNING THE POLICY AMENDMENT REQUEST FORM:

By signing this Policy Amendment Request Form ("Form"), I (i.e. each of the Policyowner/Authorized Representative, Life Insured, and the Irrevocable Beneficiary/ies, if any) 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 amendment of the Policy/ies applied for, I agree to inform Pru Life UK of any change in my (a) state of health, and (b) occupation or activities.
4. 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 the Policyowner is a corporation, changes in registered address, address of place of business, substantial shareholders, legal or beneficial owners who own or control more than 20% of the Policyowner will also be disclosed. 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.
5. This application is subject to the guidelines on anti-money laundering and financial underwriting. Pru Life UK can disapprove this application or terminate the Policy/ies if I fail to provide the necessary information relating to this application or relevant transaction or if this application violates the said guidelines.
6. I fully understand and accept the consequences of the amendment requested hereunder.
7. 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 said facilities.
8. I understand that Irrevocable Beneficiary/ies is/are given equal rights over the Policy/ies as the Policyowner. I, as the Policyowner, cannot exercise any of my rights under the Policy/ies without the consent and signature of all Irrevocable Beneficiary/ies. Such rights include but are not limited to decrease or deletion of any benefit or the change, addition or deletion of beneficiaries.
9. I understand that I must submit this form within three (3) months from the date of signing.

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

EXECUTED AT _____ THIS (mm/dd/yyyy) ____/____/____

PLACE

✓ Signature over printed name of POLICYOWNER/AUTHORIZED REPRESENTATIVE

✓ Signature over printed name of WITNESS

✓ Signature over printed name of LIFE INSURED

✓ Signature over printed name of IRREVOCABLE BENEFICIARY/IES/ASSIGNEE

✓ Signature over printed name of IRREVOCABLE BENEFICIARY/IES/ASSIGNEE

✓ Signature over printed name of IRREVOCABLE BENEFICIARY/IES/ASSIGNEE

CERTIFICATION OF CUSTOMARY SIGNATURE FOR POLICYOWNER/AUTHORIZED REPRESENTATIVE

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:

CERTIFICATION OF CUSTOMARY SIGNATURE FOR IRREVOCABLE BENEFICIARY/IES

Full name of Irrevocable Beneficiary 1:			
Full name of Irrevocable Beneficiary 2:			
Full name of Irrevocable Beneficiary 3:			