

## KYC for Beneficial Owner and Third Party Payor

A requirement pursuant to the AMLC Regulatory Issuance (ARI) A,B, C No.3 - Guidelines on Identifying Beneficial Ownership and an Addendum to the following Application for Life Insurance forms:

- Individual Insurance
- Simplified Issue
- Entity Insurance



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

**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.

POLICY NUMBER


APPLICATION NUMBER

--	--	--	--	--	--	--	--	--	--

**BENEFICIAL OWNER**     **THIRD PARTY PAYOR**     **BOTH (BO AND TPP)**

Please see Page 2 for reference.

### FOR OFFICIAL USE ONLY

BRANCH	TIME	AM/PM	RECEIVED BY/DEPARTMENT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### PERSONAL INFORMATION OF BENEFICIAL OWNER/ THIRD PARTY PAYOR

SURNAME				<input type="text"/>			
GIVEN NAME				<input type="text"/>			
MIDDLE NAME		OTHER LEGAL NAME/ALIAS		<input type="text"/>		<input type="text"/>	
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others		SALUTATION			
DATE OF BIRTH (mm/dd/yyyy)		AGE	PLACE OF BIRTH (city/province, country)		NATIONALITY		
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>		
IDENTIFICATION INFORMATION		MOBILE NUMBER		TELEPHONE NUMBER		EMAIL ADDRESS	
SSS/GSIS    TIN		<input type="text"/>		<input type="text"/>		<input type="text"/>	
OTHERS    ID NUMBER		<input type="text"/>		<input type="text"/>		<input type="text"/>	
OCCUPATION (State exact duties; if member of AFP/PNP, state rank.)				EMPLOYER			
<input type="text"/>				<input type="text"/>			
NATURE OF WORK OR NATURE OF BUSINESS (if self-employed)				NATURE OF BUSINESS OF EMPLOYER			
<input type="text"/>				<input type="text"/>			
GROSS ANNUAL INCOME (in PhP)		NET WORTH (in PhP)		SOURCES OF FUNDS			
<input type="text"/>		<input type="text"/>		<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Others			
PRESENT ADDRESS (number, street, municipality/city, province)				PERMANENT ADDRESS (number, street, municipality/city, province) <input type="checkbox"/> Tick if same as present address			
<input type="text"/>				<input type="text"/>			
COUNTRY		ZIP CODE		COUNTRY		ZIP CODE	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
BUSINESS/EMPLOYER ADDRESS (number, street, municipality/city, province) <input type="checkbox"/> Tick if same as present address				<b>POLICY DETAILS</b>			
<input type="text"/>				NAME OF POLICYOWNER			
<input type="text"/>				RELATIONSHIP OF BENEFICIAL OWNER/ THIRD PARTY PAYOR TO POLICYOWNER			
<input type="text"/>				REASON FOR THIRD-PARTY PAYMENT			
COUNTRY		ZIP CODE		<input type="text"/>			
<input type="text"/>		<input type="text"/>		<input type="text"/>			

IMPORTANT: This supplemental form should be attached to the main Application for Life Insurance.

**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

PLACE

THIS    

DATE COMPLETED

✓ Signature over printed name  
of BENEFICIAL OWNER/ THIRD PARTY PAYOR

## Know Your Customer (KYC) requirements for Beneficial Owners and eligible Third-Party Payors

What is a Beneficial Owner?	<p>Any natural person who ultimately owns or controls the customer, and/or on whose behalf a transaction or activity is being conducted, or has ultimate effective control over a legal person or arrangement.</p> <p>In relation to an entity, Beneficial Owner/s are individuals either owning or controlling at least 20% of the entity's shares or voting rights.</p>
What is a Third-Party Payment?	This is a payment made to Pru Life UK by any person other than the Policyowner.
Who are the eligible Third-Party Payors (TPP)?	<ol style="list-style-type: none"> <li>1. Persons named in the Life Insurance Application Form either as Life Insured or Beneficiary</li> <li>2. The following family members of the Policyowner: <ul style="list-style-type: none"> <li>- Parent    - Sibling    - Child</li> <li>- Spouse    - Grandparent</li> </ul> </li> <li>3. Pru Life UK insurance agents provided that they are any of those mentioned in items 1 and 2 (with satisfactory proof or declaration provided by the life insurance agent)</li> </ol>
Who are allowed to be Corporate/Entity TPP?	<p>Only the following categories will be accepted as Corporate or Entity TPP:</p> <ol style="list-style-type: none"> <li>A. Sole proprietorship provided that the Policyowner is the sole proprietor</li> <li>B. Worksite/Group accounts where an employee-employer relationship is duly established (subject to the submission of Certifications of Employment)</li> </ol>
What are the requirements for a first-time TPP?	<ul style="list-style-type: none"> <li>- Duly accomplished and signed KYC Form for TPP</li> <li>- Copy of one (1) valid government-issued ID or two (2) valid non-government IDs.</li> </ul>
How long will the KYC Form for TPP remain valid?	The KYC Form for TPP shall remain valid for twenty-four (24) months provided that the TPP was able to pay continuously as TPP for a period of twenty-four (24) months. Otherwise, the validity of the KYC form will only be for a period of one (1) year from the date of execution of the KYC Form.
If I am an existing TPP, do I have to fill out and submit another set of requirements if I intend to become a TPP of another policy?	<p>As TPP documents are handled on a per-Policyowner basis:</p> <ul style="list-style-type: none"> <li>- Yes, if you have not yet applied as a TPP for that particular Policyowner.</li> <li>- No, if both the policies you are applying and have previously applied for have the same Policyowner.</li> </ul>
If I am simultaneously applying as a first-time TPP for multiple policies, how many KYC Forms do I need to fill out and submit?	<ol style="list-style-type: none"> <li>A. If the policies have the same Policyowner, you will need to submit only one (1) KYC Form for TPP.</li> <li>B. If the policies have different Policyowners, you will need to submit the same number of KYC Form for TPPs as there are Policyowners to individually establish your relationship with each.</li> </ol>
I am a first-time TPP and one of the Beneficiaries of the policy. Do I still need to submit a KYC Form?	Yes, because the KYC for TPP requires the essential details on employment and source of funds which were not asked from you (being the Beneficiary) in the New Business Application Form or Policy Amendment Request Form.
Do I have to re-submit the TPP requirements for a new set of Auto Debit Arrangement (ADA) enrolment/credit card enrolment for the same policy?	<ul style="list-style-type: none"> <li>- No need to submit a new one if the previously submitted TPP requirements are still within the 24-month validity period.</li> <li>- Yes, you will have to submit a new set of requirements if it is already beyond the validity period.</li> </ul>