

APPLICATION FOR CASH BONUS / CASH BENEFIT WITHDRAWAL / PRUASSET WITHDRAWAL

Policy Number	Name of Policyowner(s) and Trustee(s) or Assignee	Date (DD/MM/YYYY)																	
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Application is applicable for one policy only. Please tick the required boxes, fill in the details and sign next to amendments. Amount payable will be made in the same currency denomination of your policy unless otherwise specified.

Section 1 – Withdrawal

PART A – Cash Bonus

To withdraw Part/Full Reversionary Bonus of: \$ (compulsory field)

For Cash Bonus of \$ Less Amounts Owing \$ = Net Amount Payable \$

Note: This option is not applicable for PruLife Vantage Elite

PART B – Cashback / Cash Benefit / Monthly Income

To withdraw accumulated CashBack / Cash Benefit / Monthly Income of: \$

Notes:

1. Minimum withdrawal amount is \$1000. Full withdrawal is required for amount less than \$1000.
2. If you wish to use your accumulated cashback / cash benefit to offset the amount owing (if any), please provide the instructions in a separate letter.
3. For PruFlexiCash / PruFlexiCash Protector Plus, once cashback / cash benefit is withdrawn, the selected deferment option (if any) is no longer applicable. Please refer Policy Documents for more details.

PART C – PruAsset Withdrawal

To withdraw Cash Value of the Recurrent Single Premium or Top Up Premium of: \$

Note: PruAsset withdrawal is based on “Last In, First Out” basis and it has to be a full surrender of each Recurrent Single Premium or Top Up Premium.

Section 2 – Policyowner(s) / Trustee(s) / Assignee / Financial Consultant’s Acknowledgement (Applicable for Cash Bonus & PruAsset Withdrawal)

Were you advised by a Financial Consultant to effect any of the above transactions? (Please tick [✓]) Yes* No

**If “Yes”, please have your Financial Consultant to complete the “Financial Consultant’s Acknowledgement” below. Your request will only be processed after your Financial Consultant has completed the Acknowledgement*

Financial Consultant’s Acknowledgement

I have explained to the above Policyowner(s) / Trustee(s) / Assignee the alternative options available and the implications of effecting the selected transaction to this insurance policy. I have recommended the transaction of this policy for the following reasons:

Signature of Financial Consultant and Date

Date (DD/MM/YYYY):

Financial Consultant’s Name and Code

Name:

Code:

Section 3 – Method of Payment

Cash Policy:

- a) Amount payable (if any) will be made by **cheque** in the currency denomination of the Policy and sent by post unless otherwise specified. The cheque will be issued in joint names if 2 or more parties are involved.
- b) For payment via direct credit or overseas remittance, please submit Payment Instruction Form with copy of bank book. The difference in the currency exchange rate and any administrative charges incurred will be borne by the Policyholder(s) / Trustee(s) / Assignee.

Central Provident Fund Investment Scheme ("CPFIS") and Supplementary Retirement Scheme ("SRS") Policy:

a) Payment will be credited to CPFIS / SRS Account.

For Trust / Assigned Policy only

If there was an appointment of Trustee(s) made to your Policy or nomination of beneficiaries, any proceeds made to Trustees are for the sole benefit of the Beneficiaries. If Payment is to be made to only one Trustee / Assignee, please complete the section below.

I / We authorise Prudential Assurance Company Singapore (Pte) Limited ("Prudential") to pay to:

Full name & identity card number of person receiving the payment

Signature of Trustee (s) or Assignee not receiving the payment

Name:

Identity Card Number:

Section 4: Declaration (Please read carefully before signing)

- I / We have read and understood the contents of this application and confirm that I / we wish to perform the transaction selected above.
- I / We understand that if I / We choose to effect the selected transaction, it may affect the attainment of my financial objectives identified by my / our Financial Consultant in my / our last Personal Financial Record and Personal Financial Analysis or Prudential Way Planner.
- I / We understand that only an original, duly completed and signed application form is considered a valid request. The request is irrevocable once it is received by Prudential.
- I / We will not hold Prudential liable and shall jointly and severally indemnify, defend and hold harmless Prudential from and against any and all liabilities, losses, damages, claims, costs and expenses arising out of or in connection with the said policy that Prudential may incur by acting in accordance with these instructions.
- I / We declare that I am / we are not an undischarged bankrupt and, to my / our knowledge, there are no current, pending or threatened bankruptcy proceedings against me / us.
- I / We agree that the proceeds from the selected transaction will be paid in the currency denomination of the Policy unless I / we request for such payment to be made in Singapore Dollars. For such request, I / we agree to bear the difference in the currency exchange rate and any bank administrative charges incurred.

This application will not be effective until it is officially accepted by Prudential. No reversal of transaction is allowed once your application is accepted

Signature of Policyowner

Signature of Trustee (s) or Assignee (if any)

Additional Requirements for Policyowner whom is under 21 years of age or Company

1. a) For policy incepted before 1st March 2009:

If you are under 21 years of age, please submit a copy of the Joint Indemnity form and supporting documents for proof of relationship.

b) For policy incepted on or after 1st March 2009:

If you are under 18 years of age, you are required to submit Joint Indemnity form and supporting documents for proof of relationship.

[Note: For proof of relationship, the parent is required to submit a copy of the birth certificate together with a copy of his/her identity card (i.e. NRIC <front & back>) bearing his/her current signature. For guardian, proof of guardianship together with a copy of the guardian's identity card bearing his/her current signature is required].

2. If the policy is owned by a company/organisation ("Company"), the following need to be submitted:

- a) Original Board of Directors Resolution or a certified true copy thereof, approving the transaction and containing the signatures of all of the Directors or majority of the Directors; or a Certified True Copy of an Extract of Directors Resolution thereof, containing reference to the Directors and Company and their respective signatures. The transaction (i.e. cash bonus) must be clearly specified in the Board of Directors Resolution.
- b) Relevant application form to be signed by the authorised signatory of the Company, as specified in the original Board of Directors Resolution or a Certified True Copy thereof, or a Certified True Copy of an Extract of Directors Resolution authorising such party to sign documents on behalf of the Company. The company stamp is required on the application form.
- c) A copy of the identity card or passport (with photograph) of the authorised signatory, if the authorised signatory is a person other than the Director. A specimen signature of the authorised signatory is needed on the copy of the identity card or passport.

We reserve the right to request for copies of the identity card of the Directors with their specimen signatures if there are significant changes in the company structure/management from the policy inception date.

Please send us your application with this prepaid business reply folder.

1. Fold along the dotted lines.
2. Fold and insert your application form and any other required document into this prepaid business reply folder.
3. Seal along the edges of this prepaid business reply folder with clear tape (do not staple).
4. Drop your sealed prepaid business reply folder into your nearest post box.

**BUSINESS REPLY SERVICE
PERMIT NO. 00364**



PRUDENTIAL ASSURANCE COMPANY SINGAPORE (PTE) LIMITED
Robinson Road P.O. Box 492
Singapore 900942

Postage will be
paid by
addressee. For
posting in
Singapore only.