

PAYMENT INSTRUCTION FORM

Important Notes

1. The proceeds are payable only to the policyowner.
2. All the fields under the relevant option chosen must be completed. Please choose only 1 option.
3. Prudential will try its best to transfer the proceeds according to the instructions given. In the event of a rejection by the bank or currency control issues, please provide a fresh instruction.
4. Charges incurred for Telegraphic Transfer request(s) will be deducted from the payment proceeds.

POLICY INFORMATION

Policy Number *

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Name of Policyowner *

PAYMENT OPTIONS (Tick ✓ on the relevant option)

DIRECT CREDIT (For Singapore Bank Accounts Only):

Notes:

1. A copy of the bank book or bank statement (stating name of bank, account holder name and account number) must be submitted for a direct credit request unless the direct credit account was previously provided to and accepted by Prudential.
2. We also accept:
 - a. Copies of bank statements where bank balances and bank transaction are blacked out; or
 - b. Truncated e-statement downloaded from the bank's mobile application, as long as the document shows the account holder's name and account number on the same page.

Name of Account Holder:

Bank Account Number:

Name of Bank:

Address of Bank:

TELEGRAPHIC TRANSFER:

Name of Account Holder:

Account Number:

SWIFT Code:

Currency Requested:

****Additional Information:**
(If applicable)

****Please provide a relevant code/number under the Additional Information column if currency is listed below:**

Currency Name	Additional Information (Code/Number)
Australia Dollar (AUD)	BSB Code
Euro Dollar (EUR)	IBAN Code
Pound Sterling (GBP)	IBAN & Sorting Code
US Dollar (USD)	ABA Routing Number
India Rupee (INR)	IFSC Code

Name of Bank:

*****Address of Bank:**

*****Bank Address needs to be complete. Please include all relevant information e.g. Unit/Floor no., Building/Street Name, State Code & Country**

DECLARATION AND AUTHORISATION

(a) I hereby authorise Prudential to credit payments due to me to the above account. Amounts so credited would constitute valid discharge of payments due to me under the above policy(ies).

(b) I declare that I am not an undischarged bankrupt and, to my knowledge, there are no current, pending or threatened bankruptcy proceedings against me.

(c) I / We declare that the information given in this application form is true, correct and complete.

Signature of Policyowner

Contact No:

Date (dd/mm/yyyy):