



Important Notes

- 1. The proceeds are payable only to policyowner/trustee(s)/assignee.
- 2. All the fields under the relevant option chosen must be completed. Please choose only 1 option.
- 3. Prudential Assurance Company Singapore (Pte) Ltd ("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 Bank Draft / Telegraphic Transfer request(s) will be deducted from the payment proceeds.

POLICY INFORMATION		
Policy Number(s)		Name of Policyowner(s) and Trustee(s) or Assignee
PAYMENT OPTIONS (Tick	($\sqrt{\ }$) on the relevant option)	
BANK DRAFT:		
Name of Account Holder:		
*Currency Requested:		
*Please <u>DO NOT</u> request for M	YR / Malaysian Ringgit in the fie	eld above as this currency is <u>NOT ACCEPTED</u> .
Address of Account Holder:		
Notes: 1. A copy of the bank body submitted for a direct Prudential. 2. We also accept: a. copies of bank state b. truncated e-statemenholder's name and	credit request unless the dire	ame of bank, account holder name and account number) must be ect credit account was previously provided to and accepted by d bank transactions are blacked out; or the count was long as the document shows the account with the country of the country or the countr
Name of Account Holder:		
Bank Account Number:		
Name of Bank:		
Address of Bank:		

TELEGRAPHIC TRANS	FER:			
Name of Account Holder:				
Account Number:				
Swift Code:				
Currency Requested:				
**Additional Information: (If Applicable)				
**Please provide a relevant cod	de/number under the <u>Additior</u>	al Information	n 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 o	complete. Please include all r	elevant inforn	nation e.g. Unit/Floor no., Building/Street Nan	ne, State
·				
DECLARATION AND AUTHOR	RIZATION			
constitute valid discharge	of payments due to me und undischarged bankrupt and,	er the above	above account. Amounts so credited would policy(ies). edge, there are no current, pending or	
Signature of Policyowner(s) an	nd Trustee(s) or Assignee		Contact No:	
<i>y</i> , and the second se	()		CO.1140.	
			Date (dd/mm/yyyy)	

Do not staple. Glue all sides firmly

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 documents 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.

Postage will be paid by addressee. For posting in Singapore only. Do not staple. Glue all sides firmly

BUSINESS REPLY SERVICES PERMIT NO. 00364

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PRUDENTIAL ASSURANCE COMPANY SINGAPORE (PTE) LIMITED

Privy Box No. 920427 Singapore 929292