



ENTERPRISE BUSINESS PROPOSAL REQUEST FORM

Servicing Agent's Information		
Agent Code		License Type: <input type="checkbox"/> Traditional <input type="checkbox"/> Variable
Agent Name		
Designation		
Branch Affiliation		
Sector	VisMin	
Contact Details		

Company Prospect's Information	
Contact Person's Name	
Designation	
Company Name	
Company Address	
Nature of Business	
Number of Regular Employees	

Corporate Program: Check the corporate program you would like to offer	
PROGRAM	REQUIREMENTS TO BE SUBMITTED
<input type="checkbox"/> GROUP PERSONAL ACCIDENT <i>Desired Amount of Coverage:</i> ADD (Long Scale) Burial Benefit (Core benefit) Optional benefits <ul style="list-style-type: none"> <input type="checkbox"/> PA – Total & Permanent Disability <input type="checkbox"/> Murder and Assault <input type="checkbox"/> Accidental Medical Reimbursement <input type="checkbox"/> Accidental Hospital Income Benefit 	Census (in Excel file) containing the ff: <ul style="list-style-type: none"> <input type="checkbox"/> Name of employees/members/students <input type="checkbox"/> Date of birth (DD/MM/YYYY) <input type="checkbox"/> Specific occupation e.g. Office Staff, Driver, Engineer
<input type="checkbox"/> GROUP TERM LIFE <i>Desired Amount of Coverage:</i> _____ Life Benefit (Core benefit) Optional benefits <ul style="list-style-type: none"> <input type="checkbox"/> Accidental Death and Disablement Benefit (Short Scale) <input type="checkbox"/> Total and Permanent Disability <input type="checkbox"/> Crisis Cover Benefit 	
<input type="checkbox"/> COMBO-GOLD <i>Desired Amount of Coverage:</i> _____ Life Benefit (Core benefit) ADD (Long Scale) Burial Benefit (Core benefit) Optional benefits <ul style="list-style-type: none"> <input type="checkbox"/> Total and Permanent Disability <input type="checkbox"/> Murder and Assault 	

- Crisis Cover Benefit
- Accidental Medical Reimbursement
- Accidental Hospital Income Benefit

EXISTING BENEFITS AND CLAIM HISTORY

Do you have an existing provider?			
If yes, with whom?			
For how many years?			
Claims History	Year 1	Year 2	Year 3
Total Premiums Remitted			
No. of Cases			
Total Amount of Claims			

€ MORTGAGE REDEMPTION INSURANCE – Please provide the following information:

PORTFOLIO DETAILS

Coverage: New Borrowers Both
 Existing Borrowers

Total Number of Borrowers (year to date):	
Projected Number of Borrowers for the current year:	
Projected Number of Borrowers for the next year:	
Total Amount of Loans Released to Date:	

Characteristics of the Group	Age Distribution	Percentage out of Total Borrower Count
	18 - 29 years old	_____ %
	30 - 39 years old	_____ %
	40 - 49 years old	_____ %
	50 - 59 years old	_____ %
	60 - 64 years old	_____ %
	Total	
	Occupation:	Percentage out of Total Borrower Count
	1 _____	_____ %
	2 _____	_____ %
	3 _____	_____ %
	4 _____	_____ %
	5 _____	_____ %
Total		

ELIGIBILITY

Minimum Age	
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Maximum Age	
Exit Age	

LOAN DETAILS			
Loan Type:	Minimum Amount	Average Amount	Maximum Amount
Mortgage Laon			
Personal Loan			
Business Loan			
Others:			
Loan Term	Minimum Term (years)	Average Term (years)	Maximum Term (years)
Mortgage Laon			
Personal Loan			
Business Loan			
Others:			

Notes:

1. Please send this form and the requested information to your assigned Enterprise Business Manager.

SECTOR	EB SALES	EMAIL ADDRESS
Metro Manila Central	Allan Acosta	allan.acosta@prulifeuk.com.ph
Metro East	Ramiro Navarro	ramiro.s.navarro@prulifeuk.com.ph
Metro North	Vanessa Cabusora	
Metro South	Bianca Pauline Jordan	bianca.pauline.jordan@prulifeuk.com.ph
Visayas and Mindanao	Arlette Maratas	Arlette.maratas@prulifeuk.com.ph

2. Turnaround time will start upon receipt of complete details of this form and submission of the employees list with complete details.