



CUSTOMER'S FINANCIAL CHOICES FORM

I. Customer's Personal Information

Pru Life UK cares about your privacy. All personal information you provide in this questionnaire shall be kept confidential and shall not be disclosed without your consent.

FULL NAME	BIRTH DATE	AGE
ADDRESS	MARITAL STATUS	SEX
EMAIL ADDRESS	MOBILE PHONE	
NO. OF CHILDREN	LANDLINE	
COMPANY NAME	CURRENT POSITION	

Approximate Monthly Income:

- () 15,000 – 29,000
- () 30,000 – 49,000
- () 50,000 – 79,000
- () 80,000 – 100,000
- () above 100,000

II. Customer's Priorities

First Assessment

- | | | | |
|------------------|--------------------------|----------------|--------------------------|
| Death | <input type="checkbox"/> | Retirement | <input type="checkbox"/> |
| Disability | <input type="checkbox"/> | Education | <input type="checkbox"/> |
| Critical Illness | <input type="checkbox"/> | Target Savings | <input type="checkbox"/> |

Second Assessment

- | | | | |
|------------------|--------------------------|----------------|--------------------------|
| Death | <input type="checkbox"/> | Retirement | <input type="checkbox"/> |
| Disability | <input type="checkbox"/> | Education | <input type="checkbox"/> |
| Critical Illness | <input type="checkbox"/> | Target Savings | <input type="checkbox"/> |

III. Referrals

NAME	NAME	NAME
AGE	AGE	AGE
MARITAL STATUS	MARITAL STATUS	MARITAL STATUS
OCCUPATION	OCCUPATION	OCCUPATION
COMPANY NAME	COMPANY NAME	COMPANY NAME
CONTACT NO.	CONTACT NO.	CONTACT NO.

Signature over printed name of applicant

Date signed

Signature over printed name of Agent