

Agent Code



**POLICY NUMBER**

NOTE: Fill out  with block letters. Put  on the tick boxes representing options.

**PART I - CONTACT INFORMATION UPDATE**

I agree to update my contact information record with Philam Life based on the details in this section.

LAST NAME

FIRST NAME

MIDDLE NAME

Preferred Mailing Address:

Residence  Office

House / Building / Lot No.,  
Name of Street

District

City

Province

Zip Code

Telephone :  Residence  Office

(   )   -

Mobile Phone

+ 6 3 -   -

E-Mail Address

If you want to receive e-notices in lieu of hard copy billings, accomplish the E-Notice Enrollment Form

**PART II - REQUESTED TRANSACTION/S**

ASSIGNMENT OF POLICY

Assignee

**IMPORTANT NOTICE**

The Assignee may be a Natural or Juridical Person

Philam Life assumes no responsibility over the legality or validity of the assignment of this policy to a third party.

Authorized Signatory

Position of Authorized Signatory

Telephone Number of Assignee

(   )   -

Amount Assigned

Mailing/Business Address of Assignee

For valuable consideration, I hereby assign, transfer and convey unto said assignee the death benefits of subject policy up to the extent of amount assigned indicated above; Provided that endowment proceeds, hospitalization and disability benefits and other living benefits of this Policy remain payable to the insured/policyowner while alive; Provided, that any act that may result in the reduction of the face amount or termination of the subject Policy shall be with the express written consent of the assignee; Provided, that this assignment is being made subject to the provisions and conditions of the said policy and shall remain effective until Philam Life is formally advised by the assignee of the termination thereof.

CANCELLATION OF ASSIGNMENT OF POLICY

Note: Submit a certification executed by the Assignee relinquishing interest on the policy.

This is to formally advise Philam Life of the cancellation and termination of the assignment of the subject policy. As such, all rights and privileges of the assignee thereunder are hereby cancelled and immediately restored to the policyowner.

**PART III - SIGNATURE**

Place Signed

Date:   /   /

Owner's Signature over Printed Name

Irrevocable Beneficiary

Assignee

Agent / Witness

PLEASE DO NOT SIGN ON A BLANK FORM.

**PART IV - ACKNOWLEDGEMENT**

Republic of the Philippines

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ } s.s.

Before me, the undersigned Notary Public in and for \_\_\_\_\_ personally appeared \_\_\_\_\_ with Competent Evidence of Identity: \_\_\_\_\_

known to me and to me known to be the same person who executed the foregoing Agreement, and acknowledged to me that they executed the same as their own free and voluntary act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at \_\_\_\_\_, Philippines, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Doc. No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of 20 \_\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC**  
My commission expires December 31, 20\_\_\_\_\_