

Other Requests and Special Instructions

Empty rectangular box for other requests and special instructions.

REMINDERS

GENERAL REQUIREMENTS

- This form should be notarized
- Policy Contract
- Policy Owner's Identification Cards
- Irrevocable Beneficiary's Identification Cards
- Certification from assignee relinquishing interest on the policy if for cancellation of assignment

Please present the additional requirements for special circumstances:

- If with irrevocable beneficiary - signature of the irrevocable beneficiary is required if policy will be assigned.
- If Policy contract is lost – submit together with this form a duly accomplished Indemnity Agreement Form (Request for Replacement of Lost Policy), dated, signed, witnessed, and duly notarized by a Notary Public. Payment of rewriting fee will be required.

TO BE FILLED BY PHILAM LIFE PERSONNEL

If witnessed by an agent, indicate if:

- Original Reinstating
- Assisting/Servicing/Transferred

Agent Signature _____

Agent Code:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Received By _____ Date _____

Branch/Office _____

Processed By _____ Date _____

Branch/Office _____

Approved By _____ Date _____

Branch/Office _____

Documents submitted together with this application:

Empty rectangular box for listing documents submitted with the application.

Notes:

