

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

RESIDENTIAL ADDRESS:

House / Building / Lot No.,  
Name of Street

District  City  Province  Zip Code

BUSINESS / EMPLOYER ADDRESS:

House / Building / Lot No.,  
Name of Street

District  City  Province  Zip Code

Date of Birth (DD/MM/YYYY)

Place of Birth

Nationality

Sex  Male  Female

(defined as gender at the TIME OF BIRTH)

Gender  Male  Female

(defined as gender at the TIME OF CLAIMS APPLICATION)

Occupation and Name of Employer

(if self employed, the nature of the self employment/business activity)

Type of ID:

ID Number:

Telephone :  Residence  Office

(  )  -  ex: (044) 123-4567

Mobile Phone

+   -  -  ex: +63-900-1234567

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**

FINAL MATURITY

FULL REDEMPTION (FOR VUL)

SURRENDER POLICY

CANCELLATION WITHIN COOLING-OFF PERIOD (FOR POLICY)

SURRENDER RIDER WITH CASH VALUE

Rider:

CANCELLATION WITHIN COOLING-OFF PERIOD (RIDER) *Note: Indicate Rider*

Indicate reason for Surrendering/Full Redemption/Cancellation: This is a **REQUIRED** field

**WHAT YOU SHOULD KNOW ABOUT THE SURRENDER OF YOUR POLICY**

An insurance policy is intended to meet your long term protection and financial needs. In surrendering your Policy, you will inevitably lose its valuable benefits and you may not be able to obtain a similar level of protection on the same terms in the future. Replacing your Policy with another policy, could result in higher premiums and loss of specific features or protection due to changes in age and/or health conditions. You may incur new charges and the periods under the "incontestability" and "suicide" provisions may start anew under the new policy.

-You have several options to consider aside from surrendering your policy:

- 1) Apply for a Policy Loan or an Automatic Premium Loan to keep your policy Inforce.
- 2) Convert your Policy to Reduced Paid Up Insurance or Extended Term Insurance.
- 3) Exercise a Fund Switch, or Partial Withdrawal of Investment Funds.

**PART III - PAY OUT OPTION**

Credit to my Bank Account *Note: Applicable bank charges may be deducted from the proceeds.*

Bank:

Account Number:

Type of Account:

Savings  Checking

Account Denomination:

Peso  Dollar

Account Name:

Branch of Account:

Claim at any BPI / BPI Family Bank Branch *Note: Applicable bank charges may be deducted from the proceeds.*

I certify that I am a Policy Owner of Philam Life and that I am the owner of the aforementioned bank account number and mobile number and that I can be reached through the mailing address declared in this application. I acknowledge that the payment by Philam Life of the proceeds of this application through the channel I have designated above, shall release and forever discharge Philam Life from all actions, claims and demands on all matters involving the said benefit or amount. Further, I certify the correctness and accuracy of the above information I provided Philam Life and I understand that any discrepancy may cause delay in the disbursement of the proceeds.

PLEASE DO NOT SIGN ON A BLANK FORM

**PART IV - SIGNATURE**

In consideration of this policy's cash surrender/account value, I/we hereby release and surrender all rights, title, and interest in this Policy unto the Philam Life and agree to indemnify and protect said Company from all claims and demands under this policy and from all losses, costs, and expenses incident to defending itself against such claims and demands. The liability of Philam Life which issued this contract is fixed and limited to such cash surrender/account value and any credits, and upon its payment, shall be completely discharged. It is expressly warranted that no other person, partnership or corporation has any interest whatsoever in said Policy and that no insolvency or bankruptcy proceedings are pending for or against the undersigned.

Place Signed

Date:  <sup>m</sup>  <sup>m</sup> /  <sup>d</sup>  <sup>d</sup> /  <sup>y</sup>  <sup>y</sup>  <sup>y</sup>  <sup>y</sup>

Owner's Signature over Printed Name

Irrevocable Beneficiary

Assignee

Agent / Witness

**Other Requests and Special Instructions**

**REMINDERS**

**ANTI-FRAUD WARNING**

Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim.

**GENERAL REQUIREMENTS**

- Policy Owner's Identification Cards
  - Irrevocable Beneficiary's Identification Cards
- Please see additional requirements below for special circumstances:
- If Policy Owner is not present, please present a valid ID of the representative authorized to receive the surrender proceeds on behalf of the Policy Owner residing in the Philippines
  - If Policy Owner is abroad, please submit a current Special Power of Attorney duly authenticated by the Philippine Consul. If this cannot be obtained, proceeds may be deposited to the Policy Owner's local bank account subject to authorization letter addressed to the bank, indicating bank details.
  - If with minor irrevocable beneficiary, the minor's guardian shall submit Affidavit of Legal Guardianship and sign if the irrevocable beneficiary's share does not exceed 500,000. If the share exceeds 500,000.00, this application must be accompanied by letters of Guardianship and a Court Order, authorizing the surrender of the Policy.
  - If the Policy Owner or Assignee is a corporation, an officer of the corporation must sign for the corporation on the disbursement form, and this must be accompanied by a Corporate Secretary's Certificate and Board Resolution authorizing the withdrawal on the policy and giving the executing officer authority to sign this request on behalf of the corporation.

**TO BE FILLED BY PHILAM LIFE PERSONNEL**

If witnessed by an agent, indicate if:  Original  Reinstating  Assisting/Service/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:

Notes:

\_\_\_\_\_  
\_\_\_\_\_