

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:

If you want to receive e-notices in lieu of hard copy billings, accomplish the E-Notice Enrollment Form
PART II - REQUESTED TRANSACTION
POLICY LOAN

In consideration of the loan provided by the Philam Life, if approved, the undersigned hereby pledge(s) and assign(s) to said Company (as sole security for said loan) the above designated Policy and all rights, title, and interests therein, together with all the money that may become payable thereunder, and warrant(s) the validity and sufficiency of this pledge and assignment, and hereby agree(s) as follows: (1) that the loan shall bear interest per annum at the current prevailing rate, and may be paid either in full or in installments, (2) that the loan and interest are due on the anniversary date of the policy, (3) that any prevailing interest not paid when due shall be added to the principal loan without the need of prior notice and shall bear interest at the rate applicable at the time, (4) that any changes in the loan interest rate shall be communicated to the Policy Owner beginning the policy year to which the new interest rate applies, (5) that if the loan plus interest exceed the cash surrender value at any time, the Policy shall terminate, (6) that any notice in connection with this loan addressed and mailed to the last known address of the policy owner shall be deemed to have been duly given, (7) that Philam Life by virtue of said loan and any prior cash and/or automatic premium loans, has a first lien on said policy to the extent of the total amount of the present and previous loans, including interest due or accrued (8) that an amount equal to documentary stamp taxes shall be added to your loan and (9) agree that the company will decline/restrict policy loans if the Company found that there is abuse in the facility (for suspected money laundering or other reasons).

LOAN AMOUNT

 Desired Amount:
 Maximum Loanable Amount

IMPORTANT NOTICE

It is usually disadvantageous to REPLACE existing life insurance policy(ies) with a new one. Some disadvantages are:

- * You may not be insurable on standard terms.
- * You may have to pay a higher premium in view of a higher age
- * You may lose financial benefits accumulated over the years.

Please note that in your own interest, we would advise that you double-check with an agent or a company representative of your present insurer, whether it is PHILAM LIFE or another company, before making a final decision. Hear from both sides and make a careful comparison. You can then be sure that you are making a decision that is in your best interest.

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

It is expressly represented and warranted that no other person, firm or corporation has any interest in said contract except the undersigned and that there are no insolvency or bankruptcy proceedings pending against the undersigned.

Place Signed

Date:

m	m	/	d	d	/	y	y	y	y

Owner's Signature over Printed Name

Irrevocable Beneficiary

Assignee

Agent / Witness

Other Requests and Special Instructions

REMINDERS

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 loan 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 loan on the policy and giving the executing officer authority to sign this disbursement request on behalf

IMPORTANT

Choosing "Maximum Loanable Amount" means you are requesting for the full amount that can be granted based on the cash value of your policy. This option will supersede any amount you indicate under the "Desired Amount" option. For participating policies, the loan amount may include any available accumulated dividends. If you wish to withdraw only the dividends, please fill out the Policy Fund Withdrawal Form. Please be reminded that Documentary Stamp Taxes will be added to your loan amount.

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: