

BSE Code

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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 BPI-Philam based on the details in this section.

LAST NAME:

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

FIRST NAME:

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

MIDDLE NAME:

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Telephone: Residence Office
(

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)

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 ex: (044) 123-4567

Mobile Phone: + 6 3 -

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 ex: +63-900-1234567

E-Mail Address:

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Preferred Mailing Address: Residence Office

House / Building / Lot No., Name of Street:

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

District:

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 City:

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 Province:

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 Zip Code:

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

PART II - REQUESTED TRANSACTION

SURRENDER POLICY FULL REDEMPTION (FOR VUL)

SURRENDER RIDER WITH CASH VALUE CANCELLATION WITHIN COOLING-OFF PERIOD (FOR VUL)

Rider:

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

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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 in force.
- 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 BPI / BPI Family Bank Account

Bank:

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 Account Number:

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Type of Account: Savings Checking Account Denomination: Peso Dollar

Account Name:

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

 Branch of Account:

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Claim at any BPI / BPI Family Bank Branch *Note: In this option, you are authorizing the Company to use the mobile phone number stated above for communication pertaining to this transaction.*

I certify that I am a Policy Owner of BPI-Philam 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 BPI-Philam of the proceeds of this application through the channel I have designated above, shall release and forever discharge BPI-Philam 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 BPI-Philam and I understand that any discrepancy may cause delay in the disbursement of the proceeds.

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 BPI-Philam 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 BPI-Philam 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:

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Date:

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Owner's Signature over Printed Name:

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Irrevocable Beneficiary:

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Assignee:

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BSE / Witness:

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PLEASE DO NOT SIGN ON A BLANK FORM

