

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

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

Telephone : Residence Office

(

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)

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 -

--	--	--	--

 ex: (044) 123-4567

Mobile Phone

+ 6 3 -

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 -

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 ex: +63-900-1234567

E-Mail Address

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

Preferred Mailing Address: Residence Office

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

House / Building / Lot No.,
Name of Street

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District

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

City

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

Province

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

Zip Code

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

PART II - REQUESTED TRANSACTIONS

ASSIGNMENT OF POLICY

Assignee

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IMPORTANT NOTICE

The Assignee may be a Natural or Juridical Person.

BPI-PHILAM assumes no responsibility over the legality or validity of the assignment of this policy to a third party.

Authorized Signatory

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Position of Authorized Signatory

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

Telephone Number of Assignee

(

--	--	--

)

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--	--	--	--

 ex: (044) 123-4567

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 among 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 BPI-Philam 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 BPI-Philam 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

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Date:

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Owner's Signature over Printed Name

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Irrevocable Beneficiary

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

Assignee

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

BSE / 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_____

Other Requests and Special Instructions

Empty rectangular box for additional requests and 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 BPI PHILAM PERSONNEL

If witnessed by a BSE, indicate if:

- Original Reinstating
- Assisting/Servicing/Transferred

BSE Signature _____

BSE 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:

Two horizontal lines for additional notes.