

BSE 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 BPI-Philam based on the details in this section.

LAST NAME

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

FIRST NAME

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

MIDDLE NAME

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

Preferred Mailing Address:

Residence Office

House / Building / Lot No.,
Name of Street

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

District

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

City

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

Province

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

Zip Code

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

Telephone :

Residence Office

()		-							ex:							
												(044)							

Mobile Phone

+	6	3	-			-						ex:							
												+63-900-							

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/S

WITHDRAW DIVIDENDS AMOUNTING TO:

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

FULL DIVIDEND WITHDRAWAL

Note: By withdrawing your accumulated dividends, your dividend-related features, including self-support year, may be affected

WITHDRAW PREMIUM DEPOSIT AMOUNTING TO:

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

FULL PREMIUM DEPOSIT WITHDRAWAL

WITHDRAW SETTLEMENT FUND AMOUNTING TO:

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

FULL SETTLEMENT FUND WITHDRAWAL

PARTIAL REDEMPTION

Your request for partial redemption may be made in terms of ONE of the following: Percentage, Amount, or Number of Units.

Percentage	Amount	Number of Units	Fund Name																																																												
<input type="checkbox"/> %	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
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Other Transactions. Please Specify:

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

PART III - PAY OUT OPTION

Credit to my BPI / BPI Family Bank Account

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: 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

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

PLEASE DO NOT SIGN ON A BLANK FORM.

Other Requests and Special Instructions

REMINDERS

DIVIDEND WITHDRAWAL

Withdrawal of dividends may have an effect on your current dividend option, i.e. if the policy is on self support or on purchase of paid up addition

WITHDRAWAL OF PREMIUM DEPOSIT OR SETTLEMENT FUND

This covers withdrawal on the future fund or the settlement fund or for an excess payment made.

PARTIAL INVESTMENT FUND WITHDRAWAL

The amount of redemption will be calculated by multiplying the number of units to be redeemed from each Investment Fund by the Unit Price based on the applicable rate. If the number of units per fund is not indicated in the form, units to be redeemed shall be in proportion to the Fund Allocation Instruction in effect as of the date of redemption.

Withdrawals are subject to applicable redemption charges.

Partial withdrawals will be allowed provided these two conditions are met:

- Amount of redemption is within the minimum allowed
- The minimum balance of each fund is maintained after the redemption

Withdrawal of funds will affect the investment projections or assumptions shown in the Illustration of Benefits/Sample Proposal.

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 refund or withdrawal 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 sign if the irrevocable beneficiary is a minor and the share in the amount does not exceed P50,000.00. If the share exceeds P50,000.00, this application must be accompanied by letters of Guardianship and a Court Order, authorizing this transaction.
- If the 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 disbursement request on behalf of the corporation.

IMPORTANT

Request should be received by the company on or before 3:00 pm on a banking day, otherwise it will be processed the next banking day.

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:

Notes:
