BPI-PHILAM LIFE ASSURANCE CORP.
A subsidiary of Philam Life and an affiliate of BPI

TRANSFER OF OWNERSHIP FORM

15th Floor Ayala Life - FGU Center, 6811 Ayala Avenue, Makati City

BSE Code

POLICY NUMBER

NOTE: Fill out ☐ with block letters. Put ☒ on the tick boxes representing options.

PART I - CONTACT INFORMATION UPDATE

LAST NAME

FIRST NAME

MIDDLE NAME

Telephone : ☐ Residence ☐ Office

( ) -

ex: (044) 123-4567

Mobile Phone

+ 6 3 - -

ex: +63-900-1234567

E-Mail Address

PART II - REQUESTED TRANSACTION

TRANSFER OF OWNERSHIP

Fill out this portion with information about the NEW OWNER.

LAST NAME

FIRST NAME

MIDDLE NAME

Telephone : ☐ Residence ☐ Office

( ) -

ex: (044) 123-4567

Mobile Phone

+ 6 3 - -

ex: +63-900-1234567

E-Mail Address

Preferred Mailing Address: ☐ Residence ☐ Office

House / Building / Lot No., Name of Street

District City Province Zip Code

Date of Birth m m / d d / y y y y

Sex ☐ Male ☐ Female

Relationship to the Insured

Relationship to Previous Owner

PART III - SIGNATURE

I/We hereby agree that should above request be approved by the Company, such request shall, from the date of such approval, amend in accordance with the terms therof so approved the Policy to which the request refers.

Place Signed

Date: m m / d d / y y y y

New Owner's Signature

Previous Owner's Signature

Irrevocable Beneficiary

Assignee

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

REMINDERS

GENERAL REQUIREMENTS

- This form should be notarized
- Policy Contract
- Previous Owner's Identification Cards
- New Owner's Identification Cards
- Irrevocable Beneficiary's Identification Cards

Please present the additional requirements for special circumstances:

- If with irrevocable beneficiary - signature of the irrevocable beneficiary is required
- 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.
- If the Policy is assigned submit Certification from assignee relinquishing interest on the policy

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: