

Please fully accomplish this form and present documents listed at the back.

1. POLICY DETAILS	Policy No. <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> Insured: _____ Policyowner: _____ Phone No. _____ Address: _____ Celfone no. _____ _____ TIN: _____ Email address _____ SSS/GSIS: _____								
2. ASSIGNMENT DETAILS	Assignee: _____ Assignee's Address: _____ Authorized Signatory: Name _____ Title/Position _____ Phone No. _____ Fax No. _____ Amount Assigned: P/\$ _____ Original Face Amount: P/\$ _____								
3. COLLATERAL ASSIGNMENT OF POLICY	For valuable consideration, I hereby assign, transfer and convey unto said assignee the death benefits of subject policy up to the extent of amount 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 further, 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, and provided finally, that this assignment is being made subject to the provisions and conditions of said policy and shall remain effective until Philam Life is formally advised by the assignee of the termination hereof. Place of Signing: _____ Date: _____ <table style="width:100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">_____</td> <td style="width: 50%; text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Signature above Printed Name of Policyowner</td> <td style="text-align: center;">Irrevocable Beneficiary</td> </tr> <tr> <td style="width: 50%; text-align: center;">_____</td> <td style="width: 50%; text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Witness</td> <td style="text-align: center;">Irrevocable Beneficiary</td> </tr> </table>	_____	_____	Signature above Printed Name of Policyowner	Irrevocable Beneficiary	_____	_____	Witness	Irrevocable Beneficiary
_____	_____								
Signature above Printed Name of Policyowner	Irrevocable Beneficiary								
_____	_____								
Witness	Irrevocable Beneficiary								
4. CANCELLATION OF ASSIGNMENT	This is to formally advise Philam Life 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. Place of Signing: _____ Date: _____ <table style="width:100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">_____</td> <td style="width: 50%; text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Signature above Printed Name of Policyowner</td> <td style="text-align: center;">Witness</td> </tr> <tr> <td style="width: 100%; text-align: center;">_____</td> <td></td> </tr> <tr> <td style="text-align: center;">Signature above Printed Name of Assignee/Authorized Signatory</td> <td></td> </tr> </table>	_____	_____	Signature above Printed Name of Policyowner	Witness	_____		Signature above Printed Name of Assignee/Authorized Signatory	
_____	_____								
Signature above Printed Name of Policyowner	Witness								

Signature above Printed Name of Assignee/Authorized Signatory									

Note: While filed with Philam Life, this form has been issued only as a matter of courtesy but Philam Life assumes no responsibility for the validity or legality of the assignment.

ACKNOWLEDGEMENT

Republic of the Philippines }
 _____ } S.S.
 _____ }

Before me, the undersigned Notary Public in and for _____ personally appeared:

Name: _____ Residence Certificate No. _____
 Place of Issue: _____ Date of Issue: _____

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 on December 31, 20____

TO BE FILLED OUT BY PHILAM LIFE PERSONNEL

Branch/Office: _____ Received by: _____ Date: _____
 Approved by: _____ Date: _____ Processed by: _____ Date: _____

POLICY ASSIGNMENT INSTRUCTIONS AND CONDITIONS

1. POLICY DETAILS	Please complete this section to facilitate identification of your Policyowner details as well as our communication with you.
2. ASSIGNMENT DETAILS	The assignee may either be a natural or juridical person. Please fill-out the complete name and address.
3. COLLATERAL ASSIGNMENT OF POLICY	Please fill-out this portion if the policy will be assigned to a company/institution or to another individual.
4. CANCELLATION OF ASSIGNMENT	Please fill-out this portion if the assignment will be cancelled. Please submit a certification executed by the assignee relinquishing interest on the policy.
SIGNATURE	<p>REQUIREMENTS FOR ITEMS 3 AND 4:</p> <p>This request must have a date and place of signing. This must be signed by the Policyowner, the irrevocable beneficiaries and the assignee. The witness portion must be duly signed by a third party of legal age.</p> <p>This form should be duly notarized.</p>
DOCUMENTS TO BE PRESENTED	<p>Required documents:</p> <ul style="list-style-type: none"> • Policy Contract • Policyowner's Identification Cards • Certification from assignee relinquishing interest on the policy if for cancellation of assignment only <p>Please present the additional requirements for special circumstances:</p> <ul style="list-style-type: none"> • 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 Issue of Copy of Lost Policy), dated, signed, witnessed, and duly notarized by a Notary Public. Payment of rewriting fee will be required. • If Assignee is an individual – submit together with this form a copy of the loan agreement between the policyowner/insured and the assignee.