



CASH SURRENDER REQUEST

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

1. POLICY DETAILS
2. REASON FOR SURRENDER
3. SURRENDER AMOUNT
4. AUTHORIZATION
5. SIGN HERE FOR ABOVE REQUEST

TO BE FILLED OUT BY PHILAM LIFE PERSONNEL

Currency: [] Peso [] US Dollar
Document Received: [] Policy Contract [] ID [] Others
Received by:
Branch/Office: Date:
Approved by:
Branch/Office: Date:
Processed by:
Branch/Office: Date:

PHILAM LIFE CUSTOMER CONFIDENTIAL

