PHILAM LIFE

POLICY CASH DISBURSEMENT REOUEST FORM

Please fully accomplish this form and present documents listed at the back to facilitate processing of your request.

1. POLICY DETAILS

Policy No. ☐☐☐☐☐☐☐☐☐☐ Insured: _____

Policyowner: _____ Phone No. _____

Address: _____ Cell phone no._____

_____ TIN: _____

Email address: _____ SSS/GSIS:_____

2. ☐ WITHDRAW DIVIDENDS

☐ Maximum Available ☐ Requested Amount: _____

Reason for Withdrawal : _____

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

3. ☐ WITHDRAW PREMIUM DEPOSIT/ SETTLEMENT FUND

☐ Full Withdrawal ☐ Partial Withdrawal

Fund Type: ☐ Future Fund Amount _____

☐ Settlement Fund Amount _____

4. ☐ WITHDRAW INVESTMENT FUND

Redemption Check will be for:

☐ Deposit

☐ Encashment

☐ Partial Withdrawal

	Requested Amount *	Percentage	No. of Units
☐ Fixed Income Fund	_____	_____ %	_____
☐ Equity Fund	_____	_____ %	_____
☐ Balanced Fund	_____	_____ %	_____
☐ Dollar Bond Fund	_____	_____ %	_____
☐ Global $ Bond Fund	_____	_____ %	_____
☐ Global $ Equity Fund	_____	_____ %	_____
☐ _____	_____	_____ %	_____
☐ Total Redemption	_____	_____ %	_____

* Amount requested is net of applicable charges, if any.

☐ Full Withdrawal (Use Cash Surrender Request Form)
If FULL WITHDRAWAL of account value will terminate policy and coverage will cease, policy contract must be surrendered to the company.

Important: (1) Notice should be received by the Home Office on or before 1:00 p.m. on a banking day, otherwise it will be processed the next banking day. (2) Withdrawal of units or amounts from your funds will affect the investment projections or assumptions shown in the Illustration of Benefits/Sample Proposal.

5. AUTHORIZATION

This is to authorize my representative, with proper identification papers and whose specimen signature appears below, to receive from Philam life for and in my behalf the amount covered by this request.

_____ _____
Authorized Representative's Name and Signature Policyowner's Name and Signature

Identification Presented: _____

6. SIGN HERE FOR ABOVE REQUEST

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 of Signing: _____ Date: _____

_____ _____
Signature over Printed name of Policyowner Witness

_____ _____ _____
Irrevocable Beneficiary Irrevocable Beneficiary Assignee

TO BE FILLED OUT BY PHILAM LIFE PERSONNEL

CURRENCY: ☐ Peso ☐ US Dollar
DOCUMENTS PRESENTED:
☐ Policy Contract ☐ IDs Others _____

REQUEST	**APPROVED**	**DISAPPROVED**
☐ Withdraw Dividends	☐	☐
☐ Withdraw Premium Deposit/ Settlement Fund	☐	☐
☐ Withdraw Investment Fund	☐	☐
☐ Others/Remarks_____		

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

POLICY CASH DISBURSEMENT REQUEST
INSTRUCTIONS AND CONDITIONS

1. POLICY DETAILS	Please fully accomplish this section to facilitate identification of the policyowner details and ease in communicating with you.
2. WITHDRAW DIVIDENDS	We shall prepare a check in the amount requested unless otherwise specified. Withdrawal of dividends may affect the chosen dividend option (i.e if dividend option is self-support, buy paid-up additions, etc.).
3. WITHDRAW PREMIUM DEPOSIT/SETTLEMENT FUND	This covers withdrawals against either the Future Fund or Settlement Fund. Please submit to Benefits and Fund Management Office (BFMO) after accomplishing the form.
4. WITHDRAW INVESTMENT FUND	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.
5. AUTHORIZATION	Please complete this section if the proceeds will be claimed by an authorized representative of the policyowner. A valid ID of the authorized representative will be required.
6. SIGN HERE FOR ABOVE REQUEST	This request must have a date and place of signing. This must be signed by the policyowner and the irrevocable beneficiaries and assignee. The witness portion must be duly signed by a third party of legal age. The policyowner will be named as payee in the check representing withdrawal proceeds.
DOCUMENTS TO BE PRESENTED	**Please provide required documents:** • Policy Contract • Policyowner's Identification Cards • Proof of payment or receipts if request is refund of excess payments **Please see additional requirements below for special circumstances:** • **If Policyowner is not present**, please present a valid ID of the representative authorized to receive the refund or withdrawal proceeds on behalf of the policyowner residing in the Philippines • **If Policyowner 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 policyowner'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 loan 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 the surrender of the Policy. • **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 or Board Resolution authorizing the withdrawal on the policy and giving the executing officer authority to sign this disbursement request on behalf of the corporation. • **If the Policy contract is lost,** this form must be submitted along with a duly accomplished Indemnity Agreement Form (Request for Issue of Copy of Lost Policy) which must be dated, signed, witnessed, and duly notarized by a Notary Public. Payment of rewriting fee will be required.