BDO life®

Form No. BDOL_CSD_001

Policy Benefit/Disbursement Request Form

Please fill out the form using block letters and countersign any erasures or corrections.

I. POLICY DETAILS

Policy Number

S- - -

Policy Owner's Full Name
Last Name | First Name | Middle Name | Suffix

Mailing Address
Unit No. Building / No. Block. Street | Subdivision / Barangay | City / Municipality | Province / State | Country | Zip Code

Home Landline Number
Country Code | Area Code | Landline Number

Personal Mobile Number
Country Code | Mobile Number

Personal Email Address

II. WITHDRAWAL INSTRUCTIONS (please fill in applicable fields)

I would like to request for the payment/withdrawal of the item/s indicated below from the above-mentioned policy.

	Currency	Amount Requested	Amount Requested in Words
☐ **Premium Deposit Fund**	○ Peso ○ US Dollar		
☐ **Accumulated Dividends**	○ Peso ○ US Dollar		
☐ **Anticipated Endowment**	○ Peso ○ US Dollar		
☐ **Others**	○ Peso ○ US Dollar		

III. REASON FOR DISBURSEMENT (you may select multiple reasons)

☐ **Invest in a financial product of BDO Life or BDO Group**

☐ **Invest in a financial product outside of BDO Group**

☐ **Personal expense (medical, education, travel, etc.)**

☐ **Others**

IV. PAYMENT INSTRUCTIONS (please choose one payment instruction)

○ **Credit to my account**

Bank/Branch | Account Number

Account Name

Please submit any proof of bank account (copy of passbook, check, statement of account, etc.) to ensure the proceeds are deposited properly. You agree that any charges imposed by the bank to effect the transfer will be deducted from the proceeds. In case the currency of the bank account is different from the currency of the amount to be settled, the Company shall convert the proceeds to the currency of the bank account based on prevailing foreign exchange rates at the time of payment.

○ **Issue a check payable to me**

Special Instructions

(e.g. I will pick-up the check at BDO <Branch Name>; My representative, <Name>, will pick-up at BDO Life Head Office-Petron; Mail the check to my mailing address; etc.)

○ **Others**

(e.g. Apply to premium due on <Policy Number> amounting to <Amount>; Apply as loan payment to <Policy Number> amounting to <Amount>; Excess to be credited to the above account; Excess to be sent as check to my mailing address; etc.)

I hereby declare that there are no other persons, firms or corporations with any interest in the abovementioned Policy, aside from those expressly indicated below. I also declare that there are no bankruptcy or insolvency proceedings pending on the abovesigned Policy Owner. Finally, I also declare that all signatories below are of legal age and have the legal capacity to sign this document.

Policy Owner
Signature over printed name

Place Signed

Date Signed
(mm/dd/yyyy)
/ /

Irrevocable Beneficiary or Assignee
Signature over printed name

Irrevocable Beneficiary or Assignee
Signature over printed name

Financial Advisor/Agent/Staff
Signature over printed name