

Date _____

Mr. / Ms. _____**Subject:** **Life Insured :** _____**Policy Number :** _____**Dear Mr. / Ms.**

We received advice recently of the insured's death. We extend our profound and heartfelt condolences to the Insured's loved ones.

Having been designated as a beneficiary of the insured's life insurance policy, may we request from you the submission of the relevant claim requirements as shown with check (√) marks below to facilitate the processing of your claim for death benefits:

- 1. **Death Certificate** - (original issued by PSA, or Certified True Copy by the Local Civil Registry Office) In case the death of the insured occurred outside the Philippines, the death certificate must be authenticated by the Philippine Consular Office in the country/state or stamped with Apostille by the authorized government office where the death took place.
- 2. **Claimant's Statement** - To be filled out by each of the designated beneficiaries and the trustee/guardian of the minor beneficiary/ies.
- 3. **FATCA forms** - to be filled out by each of the designated beneficiaries and the trustee/guardian of the minor beneficiary/ies
- 4. **Attending Physician's Statement** - To be filled out by the Physician/s who attended to the life insured. The form should be duly notarized and accompanied by records of any laboratory and diagnostic procedures performed.
- 5. **Marriage Contract** - (Original issued by PSA) if the designated beneficiary is the spouse of the insured
- 6. **Valid Government Identification Document (IDs) of the Beneficiaries**
- 7. **Copy of Insured's Medical Records**

Please note that additional documents may still be required when necessary to process the claim. Any document that originates outside the Philippines must be authenticated by the Philippine Consular Office in the country/state or stamped with Apostille by the authorized government office in the country/state of issuance.

This checklist and claim form/s which had been provided to you shall not, in any way, constitute an admission on the part of BDO Life Assurance Company, Inc. of any liability for payment of death benefits provided for in the policy contract. BDO Life Assurance Company, Inc. will evaluate the claim and inform you of the resulting decision accordingly.

Should you have any concerns or queries, please call our Claims Department at 88854100 local 45019, 45180 or 46015, or email us at claims@bdolife.com.ph.

Very truly yours,
BDO Life Assurance Company, Inc.

Authorized Signatory