

Date _____

Mr. / Ms. Guardian / Trustee _____

For and in behalf of : Name of the Minor Beneficiary _____

Subject: Life Insured : _____

Policy Number : _____

Dear Mr. / Ms. Guardian / Trustee :

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/NSO , or Certified True Copy by Local Civil Registry Office) In case the death of the insured occ(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**

Since (one of) the designated beneficiaries (beneficiary) is a minor (below 18 years old), we shall be requiring submission of the Original NSO Certificate of Live Birth or Original Copy of the Baptismal Certificate for the said minor who must be represented and signed for by a parent or trustee in the Claimant’s Statement. In addition, as required by law, we shall be requiring the following legal requirements in order for us to release any proceeds in trust for the minor beneficiary in the event that the claim is payable

- AFFIDAVIT OF PARENTAL CARE AND CUSTODY** - This must be submitted if the appointed trustee is the natural parent having custody of the minor beneficiary and the insurance proceeds payable shall not exceed Php500,000.00.
- AFFIDAVIT OF SUBSTITUTE PATENTAL AUTHORITY** - This must be submitted if the appointed trustee is a guardian having custody of the minor beneficiary and the insurance proceeds payable shall not exceed Php500,000.00

- COURT APPROVED GUARDIAN'S BOND** - This must be submitted if the amount of the minor's share from the death benefit proceeds exceeds Php500,000.00. This may be obtained by a parent or guardian by filing a verified petition in the proper court where the child resides and thereafter posting a bond to be approved by the said court for such amount as the court may determine to be proper.

The Guardian's Bond shall be submitted together with the following:

- Petition for Approval of the Guardian's Bond
- Court Order approving the Guardian's Bond
- Official Receipt as proof of payment of the bond

- LETTERS OF GUARDIANSHIP** - This additional requirement is necessary only if the person representing the minor beneficiary is neither the parent of the minor nor the trustee in the application for insurance. The Letters of Guardianship shall be submitted together with the Guardian's Bond, Oath of Office of the guardian before the court, and the other enumerated documents mentioned above.

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.

Very truly yours,
BDO Life Assurance Company, Inc.

Authorized Signatory