

POLICY DETAILS: Please fill in appropriately

Policy Number	
Policy Owner	
Address	
Mobile No.	
Landline No.	
Email Address	

ID Type Presented and Details

ID Presented	ID No.	Valid until

Please ensure IDs presented are government-issued, valid, current primary IDs with pictures and attach clear photocopies thereof to this form.

WITHDRAWAL INSTRUCTIONS: Please fill in applicable fields

I would like to request for the withdrawal indicated below from the above mentioned policy:

	Currency	Amount	Amount in Words
<input type="checkbox"/> Regular BEF Plus			
<input type="checkbox"/> Long Term Single BEF Plus			
<input type="checkbox"/> Accumulated Dividends			
<input type="checkbox"/> Premium Deposit Fund			

* Please note that any withdrawal from your Policy will affect the build up of funds intended for future use (e.g. dividend related features, premium deposit fund payment, etc.).
 ** If the Long Term Single BEF is withdrawn partially or in full before the end of the holding period, the interest rate applicable from the placement due date shall be adjusted to reflect penalty charges arising from pre-termination.

PAYMENT INSTRUCTIONS: Please choose payment instruction

- Apply to premium due on policy number/s _____ in the amount of _____.
- Apply to outstanding policy loan on policy number/s (indicate no. & amount) _____.
- Issue a check payable to me and:
 - I will claim the check personally from your head office
 - I will send my authorized representative, _____ to claim the check
 Please ensure your authorized representative has a letter of authorization from you and a valid government-issued ID when claiming the check.
 - Mail the check to my designated mailing address
 - Course the check through my servicing Financial Advisor (FA)/Agent, _____
 Please give your FA/Agent a letter of authorization for presentation when claiming the check.
- Please credit to my account (I agree that any charges imposed by the bank to effect the transfer will be deducted from the proceeds).

BDO Branch Account No.

Account Name

Please secure a proof of account document from your bank branch to ensure the proceeds are deposited properly. For joint accounts, the Policy Owner hereby assures BDO Life Assurance Company, Inc. (BDOLAC) that crediting into this account will relieve the Company of all its obligations related to your request.

SIGNATURE AUTHORIZATION

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

_____ Signature over Printed Name of Policy Owner	_____ Date/Place of Signing	_____ Signature over Printed Name of FA/Agent/Staff to Witness
_____ Signature over Printed Name of Irrevocable Beneficiary (if any)	_____ Signature over Printed Name of Irrevocable Beneficiary (if any)	_____ Signature over Printed Name of Assignee (if any)

BDO Life Assurance Company, Inc.

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