

POLICY DETAILS: Please fill in appropriately

Policy Number	
Policy Owner	
Address	
Contact No.	

ID Type Presented and Details

ID Presented	ID Number	Valid until

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

POLICY SURRENDER

Currency	Net Cash Value

* Please note that the Net Cash Surrender Value quoted was based on the values of the policy as of the date of quotation. Actual Net Cash Surrender Value may differ at the time of submission of complete documents and processing.

I would like to fully surrender my Policy.

Upon receipt of the proceeds representing the full payment of all my rights, title and interest over the Policy, I hereby release, remise and forever discharge BDO LIFE ASSURANCE COMPANY, INC., its stockholders, directors, officers, employees, agents, representatives or assigns or any one related thereto, from any and all liabilities, actions, causes of action, suits, damages, etc., of whatever nature and kind, whether civil, criminal or administrative, which I had, now have, or may have, arising out of or necessarily connected with my interests in said Policy.

I am returning with this surrender request the original copy of the Insurance Policy for cancellation.

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 Number	
Account Name			

Please secure a proof of account document from your bank branch to ensure the proceeds are deposited properly. Kindly note that BDO Life Assurance Company, Inc. (BDO Life), will credit the proceeds to the account of the Policy Owner only. For joint accounts, the Policy Owner hereby assures BDO Life 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 Policy, aside from those expressly indicated below. I also attest that there are no bankruptcy or insolvency proceedings pending on the Policy Owner. Finally, I also attest that all signatories below are of legal age and have the legal capacity to sign this form.

_____ Signature over Printed Name of Policy Owner	_____ Date/Place of Signing	_____ Signature over Printed Name of Financial Advisor/Agent/Staff
_____ 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)