

**POLICY DETAILS: Please fill in appropriately**

Policy Number	
Policy Owner	
Address	
Contact Number	

**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.

**REQUEST FOR A WITHDRAWAL FROM THE POLICY**

I would like to request for a partial withdrawal from my policy:

From (Indicate Source Fund)	Amount/Percentage/Units

**Notes:**

- Please indicate the name of the fund and the corresponding amount/percentage/units to be withdrawn.
- The amount to be taken from the source fund must not be less than the minimum amount set by the Company OR must equal the entire fund value. In addition, the remaining value in the fund (if applicable) must also meet the minimum amount set by the Company.
- Withdrawals will be subject to the Company's existing rules, charges and applicable deductions.
- Please note that units will be cancelled based on redemption prices applicable on or immediately after the approval of this request.

**REQUEST FOR FULL SURRENDER OF POLICY**

I would like to request to fully surrender my policy.

The Policy Owner hereby gives notice to the Company of his/her intention to surrender his/her 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, from any and all liability, action, 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 form the corresponding Policy for cancellation.

Please note that units will be cancelled based on redemption prices applicable on or immediately after the approval of this request. Withdrawals will be subject to Company's rules, charges and deductions.

**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 attach 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 that payment into this account will relieve the Company of all obligations related to the payment.

**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 policyowner. Finally, I also attest that all signatories below are of legal age.

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)

**BDO Life Assurance Company, Inc.**