## BDO life®

## **POLICY DETAILS: Please fill in appropriately**

	ID Type Presented and Details			
Policy Number	ID Presented	ID Number	Valid until	
Policy Owner				
Address				
Contact No.	Please ensure IDs presented are government-issued, valid, current and primary IDs with pictures and attach clear photocopies thereof to this form.			

POLICY LOAN							
Currency	Amount Requested	Amount Requested in Words					
The Policy Owner hereb loan, it is agreed that:	y gives notice to the Company of his/h	aer intention to apply for a loan, in accordance with the po	licy's contract provisions. In consideration for the				
	annum declared by the company will b st at the same declared rate.	e due and payable on the loan until the loan has been full	y paid. Any overdue interest shall be added to the				
2) The said policy is her	eby assigned to BDO Life Assurance C	ompany, Inc. as a security for the entire loan and interest o	charged thereon, if any.				
Please refer to the provis	sion in your Policy Contract.						
It is highly encouraged t	hat repayment of the loan on this polic	y be made in order to preserve the intended benefits of th	ne policy				
IMPORTANT: Any taxes	s as a result of the loan application sh	all be deducted from the loan proceeds (e.g. Documen	tary Stamp Tax, etc.)				
PAYMENT INSTRU	JCTIONS: Please choose pay	ment instruction					
Apply to premi	ium due on policy number/s _	in the amount of					
Apply to outsta	anding policy loan on policy n	umber/s (indicate no. & amount)					
Issue a check p	bayable to me and:						
🗌 I will claim	the check personally from you	ur head office					
		to ctetter of authorization from you and a valid government-is:					
Mail the ch	Mail the check to my designated mailing address						
		Financial Advisor (FA)/Agent, or 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 loan proceeds).							
BDO Branch		Account Number					
Account Name	e						
(BDO Life), will credit th	5	pranch to ensure the proceeds are deposited properly. Kir y Owner only. For joint accounts, the Policy Owner hereby quest.	5				
SIGNATURE AUTH	IORIZATION						
		ations with any interest in the Policy, aside from those exp cy Owner. Finally, I also attest that all signatories below ar	5				

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.** 30<sup>th</sup> Floor Petron Megaplaza Building, 358 Gil Puyat Avenue, Makati City, Metro Manila Customer Care Hotline: (632) 8885-4110 | Fax (632) 5325-0792 | Toll Free No. 1-800-1888-6603