

POLICY DETAILS: Please fill in appropriately

Policy Number	
Policy Owner	
Address	
Mobile Number	
Landline Number	
Email Address	

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.

INSTRUCTIONS: Please fill in applicable fields

I would like to request for the payment of the indicated benefit/s below from the above mentioned policy:

	Currency	Amount	Amount in Words
<input type="checkbox"/> Policy Dividends			
<input type="checkbox"/> Anticipated Endowment			
<input type="checkbox"/> Semestral Benefit			
<input type="checkbox"/> Contingent Allowance			
<input type="checkbox"/> Others			

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, _____ Branch/Branch Code _____
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. 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 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 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)