POLICY CASH DISBURSEMENT REQUEST FORM

The Philippine American Life and General Insurance Company
Philamlife Bldg., United Nations Avenue, Manila
Telephone No. 528-2000 Fax No. 528-2001 Web Site: *www.ePhilam.com*

Instructions for completing this form and documents to be presented are listed at the back.

1. POLICY DETAILS

Policy No. ☐☐☐☐☐☐☐☐☐☐ Insured: _____

Policyowner: _____ Phone No. _____

Address: _____ Cell phone no._____

_____ TIN: _____

Email address _____ SSS/GSIS:_____

2. ☐ WITHDRAW DIVIDENDS

☐ Maximum Available ☐ Requested Amount: _____

Reason for Withdrawal : _____
Note: By withdrawing your accumulated dividends, your dividend-related features, including self-support year, may be affected.

3. ☐ WITHDRAW PREMIUM DEPOSIT/ SETTLEMENT FUND

☐ Full Withdrawal ☐ Partial Withdrawal

Fund Type: ☐ Future Fund Amount _____
☐ Settlement Fund Amount _____

4. ☐ WITHDRAW INVESTMENT FUND

Redemption Check will be for:

☐ **Deposit**

☐ **Encashment**

☐ **Partial Withdrawal**

	Requested Amount *	Percentage	No. of Units
☐ Fixed Income Fund	_____	_____ %	_____
☐ Equity Fund	_____	_____ %	_____
☐ Balanced Fund	_____	_____ %	_____
☐ Dollar Bond Fund	_____	_____ %	_____
☐ Global $ Bond Fund	_____	_____ %	_____
☐ Global $ Equity Fund	_____	_____ %	_____
☐ _____	_____	_____ %	_____
☐ Total Redemption	_____	_____ %	_____

** Amount requested is net of applicable charges, if any.*

☐ **Full Withdrawal**
If FULL WITHDRAWAL of account value will terminate policy and coverage will cease, policy contract must be surrendered to the company.

Important: (1) Notice should be received by the Home Office on or before 1:00 p.m. on a banking day, otherwise it will be processed the next banking day. (2) Withdrawal of units or amounts from your funds will affect the investment projections or assumptions shown in the Illustration of Benefits/Sample Proposal.

5. AUTHORIZATION

This is to authorize my representative, with proper identification papers and whose specimen signature appears below, to receive from Philamlife for and in my behalf the amount covered by this request.

_____ _____
Authorized Representative's Name and Signature Policyowner's Name and Signature

Identification Presented: _____

6. SIGN HERE FOR ABOVE REQUEST

It is expressly represented and warranted that no other person, firm, or corporation has any interest in said contract except the undersigned and that there are no insolvency or bankruptcy proceedings pending against the undersigned.

Place of Signing: _____ Date: _____

_____ _____
Signature over Printed name of Policyowner Witness

_____ _____ _____
Irrevocable Beneficiary Irrevocable Beneficiary Assignee

FOR OFFICE USE ONLY

CURRENCY: ☐ Peso ☐ US Dollar
DOCUMENTS PRESENTED:
☐ Policy Contract ☐ IDs Others _____

REQUEST	APPROVED	DISAPPROVED
☐ Withdraw Dividends	☐	☐
☐ Withdraw Premium Deposit/ Settlement Fund	☐	☐
☐ Withdraw Investment Fund	☐	☐

☐ Others/Remarks_____

Received by: _____
Branch/Office: _____ Date/time:_____
Approved by: _____
Branch/Office: _____ Date/time:_____
Processed by: _____
Branch/Office: _____ Date/time:_____

POLICY CASH DISBURSEMENT REQUEST
INSTRUCTIONS AND CONDITIONS

1. POLICY DETAILS	Complete this section to facilitate our identification of the policyowner details, as well as our communication with you.
2. WITHDRAW DIVIDENDS	Check amounts will be made for the amount requested unless otherwise specified. Withdrawal of dividends may affect the chosen dividend option (i.e if dividend option is self-support, buy paid-up additions, etc.).
3. WITHDRAW PREMIUM DEPOSIT/SETTLEMENT FUND	This covers withdrawals against either the Future Fund or Settlement Fund. After accomplishment of the form, this should be submitted to the Fund Management Services Dept. (FMSD).
4. WITHDRAW INVESTMENT FUND	The amount of redemption will be calculated by multiplying the number of units to be redeemed from each Investment Fund by the Unit Price based on the applicable rate. If the number of units per fund is not indicated in the form, units to be redeemed shall be in proportion to the Fund Allocation Instruction in effect as of the date of redemption. Withdrawals are subject to applicable redemption charges. Partial withdrawals will be allowed provided these two conditions are met: • Amount of redemption is within the minimum allowed • The minimum balance of each fund is maintained after the redemption Withdrawal of funds will affect the investment projections or assumptions shown in the Illustration of Benefits/Sample Proposal.
5. AUTHORIZATION	Complete this section if the proceeds will be claimed by an authorized representative of the policyowner. A valid ID of the authorized representative will be required.
6. SIGN HERE FOR ABOVE REQUEST	This request must be dated, place of signing indicated and must be signed by the policyowner, and the irrevocable beneficiaries and assignee. Witness portion must be duly signed by a third party of legal age. The policyowner will be named as payee in the check representing withdrawal proceeds.
DOCUMENTS TO BE PRESENTED	**Required documents:** • Policy Contract • Policyowner's Identification Cards • Proof of payment or receipts if request is refund of excess payments **Additional requirements for special circumstances:** • **Policyowner is not present** – valid ID of representative authorized to receive the refund or withdrawal proceeds on behalf of the policyowner residing in the Philippines • **Policyowner is abroad** - a current Special Power of Attorney duly authenticated by the Philippine Consul is required. If this cannot be obtained, proceeds may be deposited to the policyowner's local bank account subject to authorization letter addressed to the bank, indicating bank details. • **With minor irrevocable beneficiary** - if the irrevocable beneficiary is a minor and the share in the loan amount does not exceed P50,000, the minor's guardian shall sign for the minor. If the share exceeds P50,000, this application must be accompanied by letters of Guardianship and a Court Order, authorizing the surrender of the Policy. • **Owner or Assignee is a corporation** - an officer of the corporation must sign for the corporation on the disbursement form, and this must be accompanied by a Corporate Secretary's Certificate or Board Resolution authorizing the withdrawal on the policy and giving the executing officer authority to sign this disbursement request on behalf of the corporation. • **Policy contract is lost** - this form must be submitted along with a duly accomplished Indemnity Agreement Form (Request for Issue of Copy of Lost Policy), dated, signed, witnessed, and duly notarized by a Notary Public. Payment of rewriting fee will be required.