

Date _____

Mr. / Ms. _____

Subject: Life Insured : _____

Policy Number : _____

Dear Mr. / Ms.

We received advice recently of the insured's death. We extend our profound and heartfelt condolences to the Insured's loved ones.

Having been designated as a beneficiary of the insured's life insurance policy, may we request from you the submission of the relevant claim requirements as shown with check (√) marks below to facilitate the processing of your claim for death benefits:

- 1. **DEATH CERTIFICATE** - (Original, issued by PSA/NSO , or Certified True Copy by Local Civil Registry Office) In case the death of the insured occurred outside the Philippines, the death certificate must be authenticated by the Philippine Consular Office in the country/state where death took place.
- 2. **Attending Physician's Statement** To be accomplished by insured's attending doctor. This must be notarized and accompanied by any laboratory or diagnostic test results, if any
- 3. **Certificate of Employment** if the insured was employed; **or Copy of Business Permit/Registration** if the insured was a business owner
- 4. **Claimant's Statement** - to be filled out by each of the designated beneficiaries and the trustee/guardian of the minor beneficiary/ies.
- 5. **Valid Government ID of the beneficiary**
- 6 **Marriage Contract** - if the designated beneficiary is the spouse of the insured; must be Original NSO/PSA authenticated copy
- 7. **Affidavit of Declaration** - If there is no designated beneficiary in the application form, require the surviving heir/s to execute and submit a notarized Affidavit of Declaration and proof of relationship (e.g. Birth Certificate if the heirs are children of the insured). Payment of death benefits will be in accordance with the Order of Preference as stated in the policy contract.

Please note that additional documents may still be required when necessary to process the claim. Any documents that originate outside the Philippines must be authenticated by the Philippine Consular Office in the country/state of issuance.

This checklist and claim form/s which had been provided to you shall not, in any way, constitute an admission on the part of BDO Life Assurance Company, Inc. of any liability for payment of death benefits provided for in the policy contract. BDO Life Assurance Company, Inc. will evaluate the claim and inform you of the resulting decision accordingly.

Should you have any concerns or queries, please call our Claims Department at 88854100 local 45019, 45180 or 46015, or email us at claims@bdolife.com.ph.

Very truly yours,
BDO Life Assurance Company, Inc.

Authorized Signatory

BDO Life Assurance Company, Inc.

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