

POLICY DETAIL	S: Please fill in appropriatel	у			
			ID Type Presen	ted and Details	
Policy Number			ID Presented	d ID Number	Valid until
Policy Owner					
Address					
, (0.01.000					
			Place opeura IDs	presented are government-	issued valid surrent and
Contact No.				tures and attach clear photo	
POLICY LOAN					
Currency	Amount Requested	Amount Reque	ested in Words		
The Policy Owner her loan, it is agreed that:	eby gives notice to the Company of hi	s/her intention to apply for a lo	an, in accordance with the	policy's contract provisions	s. In consideration for the
	er annum declared by the company w rest at the same declared rate.	ill be due and payable on the lo	an until the loan has been t	fully paid. Any overdue inte	rest shall be added to the
2) The said policy is h	nereby assigned to BDO Life Assurance	e Company, Inc. as a security fo	r the entire loan and intere	st charged thereon, if any.	
Please refer to the pro	ovision in your Policy Contract.				
It is highly encouraged	d that repayment of the loan on this po	olicy be made in order to presen	ve the intended benefits o	f the policy	
IMPORTANT: Any tax	kes as a result of the loan application	shall be deducted from the lo	oan proceeds (e.g. Docum	nentary Stamp Tax, etc.)	
PAYMENT INSTR	RUCTIONS: Please choose p	ayment instruction			
Apply to prei	mium due on policy number/s	in	the amount of		
_	standing policy loan on policy				
Issue a check	payable to me and:				
I will clair	m the check personally from y	our head office			
	d my authorized representativare your authorized representative has				ne check
	check to my designated mailir	-	od dila a valia governiment	. Issued ID When claiming th	ie erreer.
	he check through my servicing				
	your FA/Agent a letter of authorization my account (I agree that any o	·		er will be deducted from	m the loan proceeds)
			٦		Trule loan proceeds).
BDO Branch			Account Number		
Account Nar	me				
(BDO Life), will credit	of account document from your ban the proceeds to the account of the Po any of all its obligations related to your	olicy Owner only. For joint accord			
SIGNATURE AU	THORIZATION				
	ere are no other persons, firms or corp olvency proceedings pending on the P				
Signature over Prir	nted Name of Policy Owner	Date/Place of Sig	gning	Signature over Pr Financial Advisc	and the second s
	inted Name of Irrevocable	Signature over Printed Nam Beneficiary (if a		Signature over Printed Na	me of Assignee (if any)