

POLICY DETAIL	S: Please fill in a	ppropriately	,					
Policy Number					ID Type Prese	ented	and Details	
Policy Owner					ID Present	ted	ID Number	Valid Until
Address								
Address								
Contact Number							_	sued, valid, current and opies thereof to this form.
REQUEST FOR	A WITHDRAWAL	FROM THE	POLICY					
☐ I would like to	o request for a pa	rtial withdrav	val from my policy:					
From (Inc	licate Source Fund	d) A	mount/Percentage/Units	Not	es:			
					Please indicate the percentage/units t		of the fund and the corr thdrawn.	esponding amount/
					- The amount to be taken from the source fund must not be less than the minimum amount set by the Company OR must equal the entire fund			
				V	alue. In addition, t	the rema	aining value in the fund	(if applicable) must
					also meet the minimum amount set by the Company.Withdrawals will be subject to the Company's existing rules, charges			
					nd applicable dec lease note that ur		i. be cancelled based on I	redemption prices
							ely after the approval o	
REQUEST FOR I	FULL SURRENDE	R OF POLIC	CY .					
☐ I would like to	o request to fully s	surrender my	policy.					
Company, Inc., its stock nature and kind, wheth with this form the corre	cholders, directors, officiner civil, criminal or adminated associated associated based controlled based con	ers, employees, a inistrative, which ncellation.	all my rights, title and interest gents, representatives or assign I had, now have, or may have, a ices applicable on or immediate	ns, from irising c	any and all liability ut of or necessarily	, action, connec	causes of action, suits, d ted with my interests in	amages, etc., of whatever said policy. I am returning
PAYMENT INST	RUCTIONS: Pleas	se choose pa	syment instruction.					
Apply to prei	mium due on poli	cy number/s	i	n the	amount of			
Apply to outstanding policy loan on policy number/s (indicate no. & amount)								
Issue a check payable to me and:								
I will clair	m the check perso	onally from y	our 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 desig	gnated mailin	g address.					
	_	-	Financial Advisor (FA)	_				·
			n for presentation when claim	-				
BDO B	-	_	charges imposed by the	bank	to effect the ti		wiii be deducted fi ccount Name	om the proceeds).
ВООВ	ranch	AC	count No.			A	ccount Name	
Please attach a proof	of account document f	rom vour bank b	ranch to ensure the proceeds	aro dor	acitad proporty F	or joint	accounts the Policy Ow	ypor horoby assures PDO
			of all obligations related to th			Or JOHNE	accounts, the Folicy Ow	Ther fieleby assures BDO
SIGNATURE AU	THORIZATION							
			rations with any interest in the ding on the policyowner. Final					
Signature over Pri	nted Name of Policy	Owner	Date/Place of Si	igning		S	ignature over Printed Advisor/Age	· ·
Signature over Printed Name of Irrevocable Beneficiary (if any)			Signature over Printed Name of Irrevocable Beneficiary (if any)			Signa	ature over Printed Nan	ne of Assignee (if any)