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| 1. General Information | | Name of Life Insured (Last, First, MI) | Place of birth | Citizenship |
| | | Name of Policy Owner, if different from Life Insured, (Last, First, MI) | Place of birth | Citizenship |
| | | Mailing Address | Policy Number | |
| | | Address Abroad (If applicable) | Email Address | |
| | | Telephone No./Mobile No. | Telephone No. Abroad (if applicable) | TIN |

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| 2. Details of request | |
| <div style="background-color: #333; color: white; padding: 5px; margin-bottom: 10px;">Dividend withdrawal</div> <p>Currency: <input type="checkbox"/> Peso (Php) <input type="checkbox"/> Dollar (USD)</p> <p>Amount in words <i>in words</i> _____ <i>in figures</i> _____</p> <p><input type="checkbox"/> Apply to premium due on Policy Number(s) _____</p> <p><input type="checkbox"/> Apply to outstanding loan on Policy Number(s) _____</p> <p><input type="checkbox"/> Issue check in full/for the balance in favor, and:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Mail to the address stated in this form <input type="checkbox"/> I will pick up the check personally <input type="checkbox"/> I will send my authorized representative </div> <div> <input type="checkbox"/> Course through my agent _____ <input type="checkbox"/> BPI/BPI Family Bank Pick-Up Anywhere <input type="checkbox"/> Please deposit to my Savings/Current Account no. _____ <div style="text-align: right; margin-top: 5px;"><i>Name of Bank and branch</i></div> </div> </div> <p><input type="checkbox"/> Other instructions _____</p> | Requirements: 1. Duly filled out Policy Loan Agreement form 2. Policy Contract 3. Photocopy of Two (2) Valid IDs 4. SLPO (<i>Self Liquidating Premium Option</i>) Waiver Form (If policy is under SLPO) |
| <div style="background-color: #333; color: white; padding: 5px; margin-bottom: 10px;">Self Liquidating Premium Option (SLPO)</div> <p><input type="checkbox"/> Effective this date and every policy anniversary thereafter, kindly withdraw from the accumulated dividends the amount required for the annual premium due. Please notify me when the total accumulation is used up and additional premium payments become necessary.</p> | |

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| 3. Signatures | | Date signed | Place signed |
| | | Name and signature of Policy Owner/Payor | Name and signature of Life Insured |
| | | Name and signature of Agent/Witness | Agent's Code |

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|--------------------------------|--|---|--|--------------------------------------|
| 4. For company use only | | Original documents presented: | <input type="checkbox"/> Policy Contract | <input type="checkbox"/> Valid ID(s) |
| | | Documents received/Signature verified by: | Branch | Date |
| | | Send Check to <i>Branch</i> | BOA name | |