

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

2. Details of request

Dividend withdrawal

Currency: Peso (Php) Dollar (USD)

Amount in words *in words* _____
in figures _____

Apply to premium due on Policy Number(s) _____

Apply to outstanding loan on Policy Number(s) _____

Issue check in full/for the balance in favor, and:

<input type="checkbox"/> Mail to the address stated in this form	<input type="checkbox"/> Course through my agent _____
<input type="checkbox"/> I will pick up the check personally	<input type="checkbox"/> BPI/BPI Family Bank Pick-Up Anywhere
<input type="checkbox"/> I will send my authorized representative	<input type="checkbox"/> Please deposit to my Savings/Current Account no. _____

Name of Bank and branch

Other instructions _____

Requirements:

1. Duly filled out Policy Loan Agreement form
2. Policy Contract
3. Photocopy of Two (2) Valid IDs
4. SLPO (*Self Liquidating Premium Option*) Waiver Form (If policy is under SLPO)

Self Liquidating Premium Option (SLPO)

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.

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

4. For company use only

Original documents presented: Policy Contract Valid ID(s)

Documents received/Signature verified by: _____ Branch _____ Date _____

Send Check to *Branch* _____ BOA name _____