

Please print clearly. Use black ink.

1. General Information	Name of Plan Holder (Last, First, MI)		Birthdate (MM/DD/YYYY)	Place of Birth
	Name of Plan Owner, if different from Plan Holder (Last, First, MI)		Birthdate (MM/DD/YYYY)	Place of Birth
	Policy Number	Occupation	Citizenship	
	Mailing Address			
	Address Abroad (If Applicable)			
Telephone No.	Mobile No.	Email Address		

2. Details of Request	I understand that the furnishing of this claim form and other forms by the Company does not constitute an admission that there is any insurance in force nor any liability for payment of the benefits provided in the plan agreement.			
	Settlement Options			
	<input type="radio"/> Standard (If checked, please do not select other options) <input type="radio"/> Spread % of Lump Sum Benefit <input type="radio"/> 100% <input type="radio"/> 50% <input type="radio"/> Lump Sum			
	For Value Scholar High School Only		For Value Scholar College Only	
	<input type="radio"/> Semi-Annual <input type="radio"/> Annual		<input type="radio"/> 4 Years <input type="radio"/> 5 Years	
Preferred Method of Payment				
<input type="radio"/> Course through my agent (Agent's Name/Agency) _____ <input type="radio"/> Will pick-up at _____ <input type="radio"/> Please deposit full amount to my bank account with (Banks's name) _____ Current/Savings Account No. _____ (Applicable for Metro Manila Branches only)				

- REQUIREMENTS**
1. Maturity Benefit Form
 2. Photocopy of Two (2) Valid IDs
 3. Original Policy Contract/Plan Agreement

NOTE

- If the Policy Contract/Plan Agreement has been misplaced or missing, Declaration of Loss of Policy is required.
- If proceeds are payable to a representative, a Special Power of Attorney (SPA) is required. An SPA template can be requested from Claims Department
- SPA should be authenticated by the Philippine Consular Office if the Plan Holder is residing abroad.

In accordance with the terms and conditions of the Policy Contract/Plan Agreement, said benefit is accepted in full settlement and complete satisfaction of all rights, claims and demands under the said Policy Contract/Plan Agreement.

It is expressly represented and warranted that no other person, firm or corporation has any interest in said Policy Contract/Plan Agreement except the undersigned and that no proceeding in insolvency or bankruptcy has been instituted or is pending against the undersigned.

PLEASE READ THE INSTRUCTIONS BELOW BEFORE SIGNING.

- 1.) The Pension/Educational maturity benefit is payable at the Head Office of the Company.
- 2.) The Policy Owner/Plan Holder is the Payee of the maturity benefit. The designated beneficiary shall be the Payee only if the Policy Owner/Plan Holder is already deceased at the maturity date.
- 3.) This request form must be dated. The signature of the Payee (Policy Owner/Plan Holder or Beneficiary) must be written exactly as the name given in the Policy Contract/Plan Agreement.
- 4.) The settlement option selected is subject to the approval of the Company.

For further inquiries, please call us at telephone numbers 884-7000/884-5433 local 1121 or 1146

3. Signatures	Date Signed		Place Signed
	Name of Plan Holder		Signature X
	Name of Plan Owner/Payor (if different from Plan Holder)		Signature X
	Name of Agent/Witness	Agent's Code	Signature X