

Collateral Assignm	ent Form	n							
Policy Number	olicy Number FWP/FSC Code								
Please fill in block letters and tick appropriate boxes and circles. Requests received by FWD service counters within the cut-off time of 2:00 PM will be processed within the day. Requests received beyond cut-off time will be processed the next business day.									
1. Personal Data of Policy Owr	er (Your persona	l information in our da	atabase shall be updated b	ased on the details yo	ou provide be	elow.)			
Name of Policy Owner									
Title First Name				e Last Name			Ext Name		
Date of Birth (mm/dd/yyy	Date of Birth (mm/dd/yyyy) Place of Birth			Country of Birth Nat			tionality		
Preferred Mailing Address:	Preferred Mailing Address: O Email			Business/Office					
No. and Street					Barangay/Subdivision				
Municipality, Town/City	Municipality, Town/City			Province/Country Zip Code					
Email Address	Email Address			Note: Hardcopy of notices will only be sent if preferred mailing address is Residence or Business/Office.					
Contact Information	(Co	ountry Code) (Area	Code) (Telephone/Mo	bile Number)					
O Residence Telephone						ex: (63)(43)765-4321			
	O Business/Office Telephone Number					ex: (63)(43)765-4321			
O Mobile Phone Number	r					ex: (63)(43)765-	4321		
. Service Request/s									
A. COLLATERAL ASSIG		LICY							
Assignee:						•			
Assignee.									
Mailing Rusiness Address	and Contact In	formation of Assign	200.						
	Mailing Business Address and Contact Information of Assigne			1					
No. and Street	No. and Street			Barangay/Subdivision					
Municipality, Town/City	Municipality, Town/City			Province/Country Zip Code					
Contact Information of Assignee (Country Code) (Area Code) (Teleph			hone/Mobile Number)						
Mailing Business Address	and Contact In	formation of Assig	nee:						
Title First Na	me	Middle Name	Last N	ame	Ext Nam	xt Name			
Desiries of Asset asiand Circ									
Position of Authorized Sign	natory:								
		In	nportant Notice						
An Assignee may be a Natural or Judicial Person. He/She may be an individual or institutional creditor. FWD assumes no responsibility over the legality or validity of the assignment of this policy to a third party.									
			he above policy to the name s Policy shall remain payabl			he Policy Owne	r's		
B. CANCELLATION O	F COLLATERAL	ASSIGNMENT OF F	POLICY						
This is to formally advise F and immediately restored			of the Policy. All rights and	privileges of the assig	nee thereund	er are hereby ca	ancelled		
Note: Please provide a cert	ification executed	by the Assignee confir	ming that interest on the Po	olicy is relinquished ba	ck to the Poli	cy Owner.			
U.S. Tax Declarations									
1. Are you a citizen, taxpayer, passport holder or green card holder of the U.S. or were born in the U.S.? If yes, please provide a copy of your IRS W-Form and the below information:						○ Yes	O No		
U.S. I.D. / Passport no. / Green Card No. U.S. Tax Identification Number / Social Security Number U.S. Permanent residence address									
2. For Corporate Accounts only: Do you have a beneficial ownership holding 10% or more or any (direct or indirect) interest by a U.S. citizen, taxpayer, resident or entity?					izen,	○ Yes	O No		



Policy Number:
4. Data Protection
FWD has appointed a Data Protection Officer to handle any inquiries relating to your personal information. If you would like to obtain a copy of the FWD Life Insurance Corporation Personal Data Policy and Practices, please write to the Corporate Data Protection Officer at 19/F, W Fifth Avenue Bldg., 5th Avenue cor. 32nd Street, Bonifacio Global City, Taguig City 1634, Philippines.
5. Declaration
IUNDERSTAND AND CONFIRM THAT:
 The information I have provided above and in any supporting documents and/or records (collectively defined as this 'Form') are true and complete and shall form part and be the basis of the assessment of this request and approval. I understand that providing false, inaccurate or incomplete information may result in my transaction request being denied and shall give FWD the right to cancel the Policy, repudiate the claim or forfeit all payments to be made. I understand that my request (if applicable) for policy change, reinstatement, or addition of coverage/rider which requires evidence of insurability shall not take effect unless duly approved by FWD and any required payment for the transaction request is paid in full. I further understand that the incontestability and Suicide Exclusion provisions in the Policy shall apply and the period stated thereunder shall run upon FWD's approval of the request for reinstatement, increase or decrease of sum insured or rider. I have fully disclosed all of my citizenships, tax status, residencies, relevant taxpayer identification numbers and agree to notify FWD within thirty (30) days of any changes to the above information. For the purposes of ensuring continued compliance, FWD may request information and/or documents from me including completed, executed and, if necessary, notarized tax declarations or forms. I authorize FWD to disclose my personal and financial information to any government or tax authority (within or outside the Philippines) for the purposes of ensuring FWD's continual compliance with applicable laws, regulations, guidelines and good market practices. I also agree that FWD has the right to require any of my beneficiaries, claimants, assignees and/or payees to: a. provide FWD with their respective personal and financial information; b. sign and submit such documents as FWD may reasonably require; and c. authorize FWD to disclose such p
Policy Owner's Signature Irrevocable Beneficiary Assignee FWP/FSC/Witness over Printed Name Note: (1) If there is more than one irrevocable beneficiary or assignee, indicate signatures at the back of the form. (2) This section must be signed by the Policy Owner, the assignee, and all irrevocable beneficiaries, if any. If any of the irrevocable beneficiary/ies is below 18 years of age or predeceased, additional documents will be required. (3) If this form will be signed outside the Philippines, please have the form authenticated by the nearest Philippine Embassy or Consulate in your locality. (4) The witness should be a disinterested adult person.
6. Acknowledgement
Republic of the Philippines S.S. Before me, the undersigned Notary Public in and for personally appeared with Competent Evidence of Identity: known to me to be the same person who executed the foregoing Transfer of Ownership, and acknowledged to me that they executed the same as their own free and voluntary act and deed and of the corporation/s they represent, if any.
IN WITNESS WHEREOF, I have set my hand and affix my seal at, Philippines, this day of, 20
Doc No.
Please do not sign on a blank form.