

Policy Fund Withdrawal Form						
Policy Number			FW	P/FSC Code		
Please fill in block letters and tick appropriate boxes be processed within the day. Requests received be						ut-off time of 2:00 PM will
1. Personal Data of Policy Owner (Your personal in	formation in o	ur dat	abase shall be updat	ed based on the deta	ils you provide be	low.)
Name of Policy Owner				<u> </u>		
Title First Name	Middle Na	me		Last Name	N	Ext Name
Date of Birth (mm/dd/yyyy) Place of Birth			Country of Bir	th	Nationality	
Preferred Mailing Address: O Email No. and Street	0		dence O Bi angay/Subdivision	usiness/Office 1		
Municipality, Town/City		Prov	vince/Country			Zip Code
Email Address				otices will only be s or Business/Office		d mailing
Contact Information	(Country	Code) (Area Code) (Te	lephone/Mobile N	lumber) ex: (63)	(43)765-4321
O Residence Telephone Number O Business/Office Telephone Number	-					
O Mobile Phone Number						
2. Service Request/s						
Partial Redemption Full Redemptio	n 🗆 (Canc	ellation Within Co	oling-Off Period	Cash : (for non-Varia	Surrender able Unit Linked policies)
Your request for Partial Redemption may be mad Fund Name	de in terms o Fund Co		of the following: Percentage	Percentage, numl Number of U		amounts. Amount*
			%	Number of 0		Amount
			%			
			%			
			76			
For Full Redemption and Cancellation within Co	oling-Off Pe	riod,	please indicate re	eason for the said r	request:	
Note: 1) The partial redemption in terms of amou the minimum maintaining balance per fund. 2) T minimum amount as specified by FWD from t redemption request is tantamount to surrenderin will be terminated.	he Total Acc ime to time	coun , oth	t Value immediate erwise, the Own	ely after partial re er must withdrav	demption must v the Total Ace	not be less than the count Value. 3) Full
	Im	port	ant Reminder			
Insurance policies aim to address Policy Owner insurance policy with an intent to replace it wit specific features or protection due to changes in as incontestability/suicide provisions may start a	th a new pol age and/or l	icy, nealt	the Policy Owner h conditions. New	may need to pay	higher premiu	ms and incur loss of
The Policy Owner should consider the following 1) Apply for a Premium Holiday to keep your pol 2) Exercise a Partial Withdrawal of Investment Fu	icy Inforce.	e fro	m surrendering ye	our policy:		
3. U.S. Tax Declarations						
1. Are you a citizen, taxpayer, passport holder or	•			ere born in the U.S	? C	Yes O No
If yes, please provide a copy of your IRS W-Form U.S. I.D. / Passport no. / Green Card No. U.S. Tax Identification Number / Social Securit U.S. Permanent residence address		ow in	formation:			
2. For Corporate Accounts only: Do you have a beneficial ownership holding 10' taxpayer, resident or entity?	% or more or	any	(direct or indirect	t) interest by a U.S		O Yes O No



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Ch	eck	Credit t	o my Bank	Account (please	e fill-out details in belo	w box)						
Bank:	BPI	BDO	SBC Metrobank Others:			s:	Branch Account:					
Accour	nt Name:							Account Num	ber:			
Type of	Account:	Savings		Checking	Currency:	Dollar	Peso (B	ased on polic	y currency)			
Others:												
					eds to the Bank ontract bearing					owner of	the sp	ecified bank
Data Pi	otection											
сору с	of the FWD I	_ife Insur	ance C	orporation) handle any inq Personal Data Po 2nd Street, Boni	olicy and Pra	ctices, ple	ase write to th	ne Corpora	te Data Pr		
Declar	ation											
IUND	ERSTANDA	NDCON	FIRM TH	AT:								
 I ur insuration in the instruction of the instruction of	nderstand the urability sha lerstand that on FWD's ap we fully disc ty (30) day ormation an thorize FWD purposes o t FWD has t a. provide F b. sign and c. authorize e amounts in I none were ment of any horities (with	hat my re Ill not take at the Inco opproval of closed all of rs of any d/or docu D to disclu f ensuring the right t WD with submit su FWD to o nvested in derived, o y amounts thin or out	quest (if e effect u ontestabi the requ of my citi changes iments fr pose my po FWD's c o require their resp ch docun disclose s my polic directly o s due to n	nless duly ap lity and Suic est for reinst zenships, tax to the abo om me inclu- ersonal and f any of my b oective perso- nents as FWI such persona- ties have bee r indirectly, f	or policy chang proved by FWD ide Exclusion pr atement, increa status, residence ve information. ding completed, inancial informa upliance with ap eneficiaries, clai nal and financial ir n declared to th rom illegal or un uneficiaries, clain	and any rec rovisions in t use or decrea- cies, relevan For the pu , executed a tion to any g plicable law imants, assig l information y require; ar oformation t the relevant g lawful activi	uired payn he Policy s se of sum taxpayer i poses of nd, if nece overnment s, regulatio nees and/o b relevant F overnment ties and so nees and/o	nent for the tr hall apply and insured or rid dentification is ensuring con ssary, notarize or tax author ns, guidelines or payees to:	ansaction r d the perio er. humbers ar tinued con ed tax decla ity (within and good foreign go prities (with tax evasion	equest is p d stated th nd agree to npliance, arations or or outside market pra overnment in or outs i. I authoriz	onotify FWD r forms the Ph actices and/o ide the ze FWE	full. I further der shall run FWD within may request illippines) for . I also agree or tax authori Philippines) D to withhold
Place	of Signing:						Date:					
		Owner's S Printed I	-	Irrevo	ocable Beneficia	iry		ignee y is assigned)		FWP/FSC	/Witne	SS
					beneficiary or as all irrevocable b	•	•					