Policy Loan form



	rcles. If this completed form is received by FWD after 2:00	· · · · · · · · · · · · · · · · · · ·
Personal Data of Policy owner (Your personal	l information in our database shall be updated ba	sed on the details you provide below.)
Title Last Name	First Name	Ext Name Middle Name
Contact Information Residential Telephone Number Business Office Telephone Number Mobile Phone Number	Country Code Area Code	Telephone/Mobile Number ex: (63)(43)765-4321 ex: (63)(2)765-4321 ex: (63)917-7654321
Preferred Mailing Address: Email E-mail address	Business/Office	Residence 🔘
No. and Street	Barangay/Subdivi	ision
Municipality, Town/City	Province/Country	Zip Code
2. Service Requests		
if any. If you wish to request for Dividend Withd Stamp Taxes will be added to your loan amount.	rawal only, please fill out a Dividend Withdrawal for	ed Amount" option and may include earned dividends, m. Further, please be reminded that Documentary
3. Pay Out Option		
Credit to my Bank Account Bank: BPI BDO Me Account Name: Savings Checking Others Substitute State of Accounts	Account Number	Account:
In this option, I authorize FWD to credit the proc with number indicated above. I certify too that I proceeds of this application through option I hav	am the owner of the aforementioned bank account r ve designated above, shall release and forever discha orther, I certify the correctness and accuracy of the a	ove. I certify that I am a Policy Owner of the FWD policy number. I acknowledge that the payment y FWD of the arge FWD from all actions, claims and demands on all above information I provided to FWD and I understand that

4. Affirmation Section																									
I represent that I am NOT a U.S. citizen, U.S person, U.S. passport holder, or Green Card holder for purpose of U.S. federal income tax and that I am not acting for or on behalf of a U.S. citizen or Green Card holder. If yes, please provide details below: If my tax status changes and I become a U.S. citizen or Green Card holder, I will notify FWD within thirty (30) days. (This clause is not applicable to U.S. citizens or Green Card holders).																									
U.S. Permanent residence address:			Ī	1	ĺ	ı	1				ĺ	1		ĺ	Ī	ĺ		ĺ		Ī	ĺ	1 1	1	ĺ	
U.S. I.D. / Passport No. / Green Card No:																									
O U.S. Telephone no:	L																								
	Country Code Area Code						Telephone Number																		
I/We hereby agree that should above request be approved by FWD, such request shall, from the date of such approval, amend the relevant Policy provisions in accordance with its terms. m m d d yyyy Place Signed: Date: Policy Owner's Signature over Printed name Irrevocable Beneficiary Assignee Agent/Witness																									
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 beneficiaries is below 18 years of age or has passed away, additional documents will be required. (3) If this form will be signed outside the Philippines, please have the form authenticated by the nearest Philippine Consul in your locality. (4) The witness should be a disinterested adult person.																									
5. 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.																									
Please do not sign on a blank form																									

POS FORM PLF061114 V1