

Policy Loan form



Policy Number

Agent Code

Please fill in block letters & tick appropriate boxes and circles. If this completed form is received by FWD after 2:00PM, it shall be considered as a next day transaction.

1. Personal Data of Policy owner (Your personal information in our database shall be updated based on the details you provide below.)

| Title | Last Name | First Name | Ext Name | Middle Name |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | |
|--|----------------------|----------------------|-------------------------|----------------------|
| Contact Information | Country Code | Area Code | Telephone/Mobile Number | |
| <input type="radio"/> Residential Telephone Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | ex: (63)(43)765-4321 |
| <input type="radio"/> Business Office Telephone Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | ex: (63)(2)765-4321 |
| <input type="radio"/> Mobile Phone Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | ex: (63)917-7654321 |

Preferred Mailing Address: Email Business/Office Residence

E-mail address

No. and Street Barangay/Subdivision

Municipality, Town/City Province/Country Zip Code

2. Service Requests

Request for Policy Loan

Desired amount

Maximum Loanable amount

Important Notice

Request for "Maximum Loanable Amount" will supersede any amount you indicate under the "Desired Amount" option and may include earned dividends, if any. If you wish to request for Dividend Withdrawal only, please fill out a Dividend Withdrawal form. Further, please be reminded that Documentary Stamp Taxes will be added to your loan amount.

3. Pay Out Option

Credit to my Bank Account

Bank: BPI BDO Metrobank Others Branch Account:

Account Name: Account Number

Type of Account: Savings Checking Currency: Dollar Peso

Others

In this option, I authorize FWD to credit the proceeds to the Bank Account with details specified above. I certify that I am a Policy Owner of the FWD policy with number indicated above. I certify too that I am the owner of the aforementioned bank account number. I acknowledge that the payment y FWD of the proceeds of this application through option I have designated above, shall release and forever discharge FWD from all actions, claims and demands on all matters involving the said benefit or amount. Further, I certify the correctness and accuracy of the above information I provided to FWD and I understand that any discrepancy may cause delay in the disbursement of the proceeds.

