

Bank Account Nomination Form

Policy Number

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 FWP/FSC Code

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Please fill in block letters and tick appropriate boxes and circles. Requests received by FWD within the cut-off time of 2:00pm will be processed within the day. Requests received beyond cut-off time will be processed the next business day.

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

Name of Policy Owner

Title	First Name	Middle Name	Last Name	Ext Name
Date of Birth (mm/dd/yyyy)		Place of Birth	Country of Birth	Nationality

Preferred Mailing Address: Email Residence Business Office

No. and Street	Barangay/Subdivision
Municipality, Town/City	Province/Country
Zip Code	
Email Address	Note: Hardcopy of notices will only be sent if preferred mailing address is Residence or Business/Office.

Contact Information

(Country Code) (Area Code) (Telephone/Mobile Number) ex: (63)(43)8765-4321

Residence Telephone Number	
Business/Office Telephone Number	
Mobile Number	

2. Your bank details

Bank: <input type="radio"/> BPI <input type="radio"/> BDO <input type="radio"/> SBC <input type="radio"/> Metrobank	Branch the account was opened:
Account Name:	Account Number:
Type of account: <input type="radio"/> Savings <input type="radio"/> Checking	Currency: <input type="radio"/> Dollar <input type="radio"/> Peso (based on policy currency)
Preferred payout method and account details if no bank account (e.g., GCash, +639xxxx.):	

For verification, please submit a copy of any of the following. Make sure your full name and account number are visible:

- a. Statement of account
- b. ATM card
- c. Validated deposit slip
- d. Passbook
- e. Screenshot of your online bank account

Policy Number: _____

I authorize FWD to credit the proceeds to the Bank Account specified above. I certify that I am the owner of the specified bank account and I am the Owner of the FWD policy contract bearing the Policy Number indicated in this form.

3. 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.? Yes No

If yes, please provide a copy of your IRS W-Form and the below information:

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: Yes No

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?

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

I UNDERSTAND AND CONFIRM THAT

1. 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.
2. 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 personal and financial information to relevant Filipino and/or foreign government and/or tax authorities.
3. The amounts invested in my policies have been declared to the relevant government and tax authorities (within or outside the Philippines) and none were derived, directly or indirectly, from illegal or unlawful activities and sources or from tax evasion. I authorize FWD to withhold payment of any amounts due to myself, my beneficiaries, claimants, assignees and/or payees if required by any relevant government or tax authorities (within or outside the Philippines).

Place of signing: _____

Date:

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Policy Owner's Signature over Printed Name	Irrevocable Beneficiary	Assignee (if Policy is assigned)	FWP/FSC/Witness
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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.

PLEASE DO NOT SIGN ON A BLANK FORM.