

Direct Credit to Account



Policy Number

Agent Code

Please fill in block letters & 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 said cut-off may be processed the next day.

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:		<input type="radio"/> Email	<input type="radio"/> Business/Office	<input type="radio"/> Residence
E-mail Address		<i>If you want to receive notices through e-mail, please be advised that NO hardcopy will be sent to your residence or office.</i>		
<input type="text"/>		<input type="text"/>		
No. and Street		Barangay/Subdivision		
<input type="text"/>		<input type="text"/>		
Municipality, Town/City		Province/Country		Zip Code
<input type="text"/>		<input type="text"/>		<input type="text"/>

2.) Service Request/s

ACCOUNT ENROLMENT
I hereby authorize FWD Life Insurance to credit and/or cause the crediting of proceeds of all my financial transactions (except death claim proceeds) to the bank account with details below:

Bank: BPI BDO Metrobank Others Branch of Account:

Account Name: Account Number:

Type of Account Savings Checking Currency: Dollar Peso

Joint Account Yes No

I certify that I am the Owner of the FWD policy with number indicated above. I certify too that I am the Account Owner of the aforementioned bank account number. I acknowledge that the payment by FWD of the proceeds of this Policy through Direct Credit to the Bank Account I have designated above, shall release and forever discharge FWD from all actions, claims and demands on all matters involving the said Policy's 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.

3.) 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 : _____

U.S. I.D./Passport No./Green Card No. : _____

U.S. Telephone No. : () ()
Country Code Area Code Telephone Number

It is expressly represented and warranted that no other person, firm or corporation has any interest in said contract except the undersigned and that there are no insolvency or bankruptcy proceedings pending against the undersigned.

Place Signed _____ Date: / /

Policy Owner's Signature over P rinted 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.

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.

PLEASE DO NOT SIGN ON A BLANK FORM.