



# Policy Assignment Form

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"/>
<input type="radio"/> Business/Office Telephone Number		( <input type="text"/> )	( <input type="text"/> )	<input type="text"/>
<input type="radio"/> Mobile Phone Number		( <input type="text"/> )	( <input type="text"/> )	<input type="text"/>
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"/>				
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

<input type="radio"/> <b>COLLATERAL ASSIGNMENT OF POLICY</b>		<b>IMPORTANT NOTICE</b>  An Assignee may be a Natural or Juridical Person. He/She may be an individual or institutional creditor. FWD assumes no responsibility over the legality or validity of the assignment of this policy to a third party.
Assignee		
<input type="text"/>		
Authorized Signatory	Position of Authorized Signatory	
<input type="text"/>	<input type="text"/>	
Telephone Number of Assignee	ex: (043-765-4321)	Amount Assigned
( <input type="text"/> ) <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Business Address of Assignee		
<input type="text"/>		
For value received, the Policy Owner hereby transfers and assigns the above policy to the named Assignee by way of security for the Policy Owner's indebtedness to the Assignee. Provided that all living benefits of this Policy shall remain payable to the Policy Owner while alive.		
<input type="radio"/> <b>CANCELLATION OF COLLATERAL OF POLICY</b>		
This is to formally advise FWD of the termination of the assignment of the Policy. All rights and privileges of the assignee thereunder are hereby cancelled and immediately restored to the Policy Owner.		
Note: Please provide a certification executed by the Assignee confirming that interest on the Policy is relinquished back to the Policy Owner.		

## 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

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.

Place Signed \_\_\_\_\_ Date:  /  /

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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.*

**4.) Notary Public**

Republic of the Philippines  
 \_\_\_\_\_  
 \_\_\_\_\_ } S.S.  
 \_\_\_\_\_

Before me, the undersigned Notary Public in and for \_\_\_\_\_ personally appeared \_\_\_\_\_  
 with Competent Evidence of Identity: \_\_\_\_\_  
 \_\_\_\_\_

known to me to be the same person who executed the foregoing Agreement, and acknowledged to me that they executed the same as their own  
 free and voluntary act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at \_\_\_\_\_, Philippines, this,  
 \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Doc No. \_\_\_\_\_  
 Page No. \_\_\_\_\_  
 Book No. \_\_\_\_\_  
 Series of 20 \_\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC**  
 My commission expires December 31, 20 \_\_\_\_\_

**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 PAF061114 V1