

Policy Change 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.)

<input type="checkbox"/> Change Name Of: <input type="radio"/> Policy Owner <input type="radio"/> Insured	
Title <input type="text"/>	Last Name <input type="text"/> First Name <input type="text"/> Ext Name <input type="text"/> Middle Name <input type="text"/>
Reason for Change: <input type="radio"/> Marriage <input type="radio"/> Correction <input type="radio"/> Legal Separation <input type="radio"/> Others <input type="text"/>	
<input type="checkbox"/> Correction in Date of Birth of: <input type="radio"/> Policy Owner <input type="radio"/> Insured Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> <i>Note: If correction in date of birth results to a change in age, premiums MAY be adjusted as a result.</i>	
<input type="checkbox"/> Change Contact Information:	
<input type="radio"/> Residential Telephone Number <input type="radio"/> Business/Office Telephone Number <input type="radio"/> Mobile Phone Number	Country Code <input type="text"/> Area Code <input type="text"/> Telephone/Mobile Number <input type="text"/> ex: (63)(43)765-4321 ex: (63)(2)765-4321 ex: (63)917-7654321
<input type="checkbox"/> Change Preferred Mailing Address: <input type="radio"/> Email <input type="radio"/> Business/Office <input type="radio"/> Residence	
E-mail Address <input type="text"/> No. and Street <input type="text"/> Barangay/Subdivision <input type="text"/> Municipality, Town/City <input type="text"/> Province/Country <input type="text"/> Zip Code <input type="text"/>	
<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="checkbox"/> Change Payment Mode To:	
<input type="checkbox"/> Change Dividend Option To:	
<input type="checkbox"/> Change Non-Forfeiture Option To:	
<input type="radio"/> Annual <input type="radio"/> Semi Annual <input type="radio"/> Quarterly <input type="radio"/> Monthly (ADA/ACA only)	<input type="radio"/> Leave to Earn Interest <input type="radio"/> Pay in Cash <input type="radio"/> Use to Reduce Premium <input type="radio"/> Use to Purchase Additional Insurance
<input type="radio"/> Extended Term Insurance (ETI) <input type="radio"/> Premium Loan with Interest (PL) <input type="radio"/> Reduced Paid Up Insurance (RPU) <input type="radio"/> Surrendered for Cash Value (SCV)	
<input type="checkbox"/> Decrease Coverage	Plan/Rider <input type="text"/> New Coverage <input type="text"/> Delete Rider <input type="text"/>
<input type="checkbox"/> Change Beneficiary/ies	
Please indicate the <u>complete list</u> of your intended beneficiaries. This will supersede any previous designations including those written in your insurance application form.	
IRR <input type="radio"/> REV <input type="radio"/> PRIM <input type="radio"/> CON <input type="radio"/>	Name (Last, First, Ext, MI) <input type="text"/> Date of Birth (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/> Relationship <input type="text"/> Share <input type="text"/> %
<input type="checkbox"/> Update Signature	
Previous Signature _____ Current Signature _____ Current Signature _____	
<input type="checkbox"/> Request for Extension of Grace Period I would like to request for a 31-day extension of the Grace Period on my quarter/semi-annual/annual premium due. Due Date: <input type="text"/> / <input type="text"/> / <input type="text"/> Premium due: <input type="text"/> . <input type="text"/> This extension is a special privilege offered to its Policy Owner once every policy year. The next extension may be requested not earlier than: <input type="text"/> / <input type="text"/> / <input type="text"/>	

2.) Affirmation Section

The amounts invested have been declared to relevant tax authorities and none of it was derived, directly or indirectly, from illegal activities or sources and/or tax evasion. If required by the proper tax and/or other governmental authorities, FWD may, in its discretion, disclose certain information about me/us or about my policy.

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: [] [] / [] [] / [] [] [] []
m m d d y y y y

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.

3.) 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.