

4.) 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: [] [] / [] [] / [] [] [] []
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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.

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.