

Transfer of Ownership 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:				
<input type="radio"/> Residential Telephone Number	Country Code (<input type="text"/>)	Area Code (<input type="text"/>)	Telephone/Mobile Number <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 <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>				
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"/>

2.) Service Request/s

TRANSFER OF OWNERSHIP. Please provide New Policy Owner details 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"/>
Name of Company (If new owner is corporation.) <input type="text"/>				
Relationship of New Owner to Insured <input type="text"/>				
Contact Information:				
<input type="radio"/> Residential Telephone Number	Country Code (<input type="text"/>)	Area Code (<input type="text"/>)	Telephone/Mobile Number <input type="text"/>	ex: (63)(043)765-4321
<input type="radio"/> Business/Office Telephone Number	(<input type="text"/>)	(<input type="text"/>)	<input type="text"/>	ex: (63)(02)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 <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>				
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"/>

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

New Policy Owner's Signature Relationship of New Owner to Insured Previous Policy Owner's Signature Irrevocable Beneficiary Assignee

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 TOF061114 V1