

Collateral Assignment Form



Policy Number

FWP/FSC Code

Please fill in block letters and 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 cut-off time will be processed the next business day.

1. Personal Data of Policy Owner (Your personal information in our database shall be updated based on the details you provide below.)

Name of Policy Owner

Title	First Name	Middle Name	Last Name	Ext Name
Date of Birth (mm/dd/yyyy)		Place of Birth	Country of Birth	Nationality

Preferred Mailing Address: Email Residence Business/Office

No. and Street	Barangay/Subdivision		
Municipality, Town/City	Province/Country	Zip Code	

Email Address:	<i>Note: Hardcopy of notices will only be sent if preferred mailing address is Residence or Business/Office.</i>
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Contact Information (Country Code) (Area Code) (Telephone/Mobile Number)

<input type="radio"/> Residence Telephone Number		ex: (63)(43)765-4321
<input type="radio"/> Business/Office Telephone Number		ex: (63)(43)765-4321
<input type="radio"/> Mobile Number		ex: (63)(43)765-4321

2. Service Request/s

A. COLLATERAL ASSIGNMENT OF POLICY

Amount Assigned: _____

Assignee:

Mailing Business Address and Contact Information of Assignee:

No. and Street	Barangay/Subdivision		
Municipality, Town/City	Province/Country	Zip Code	

Contact Information of Assignee (Country Code) (Area Code) (Telephone/Mobile Number): _____

Authorized Signatory:

Title	First Name	Middle Name	Last Name	Ext Name
Position of Authorized Signatory:				

IMPORTANT NOTICE

An Assignee may be a Natural or Judicial 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.

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.

B. CANCELLATION OF COLLATERAL ASSIGNMENT OF POLICY

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. U.S. Tax Declarations

1. Are you a citizen, taxpayer, passport holder or green card holder of the U.S. or were born in the U.S.? Yes No

If yes, please provide a copy of your IRS W-Form and the below information:

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

U.S. Tax Identification Number / Social Security Number _____

U.S. Permanent residence address _____

2. For Corporate Accounts only:

Do you have a beneficial ownership holding 10% or more or any (direct or indirect) interest by a U.S. citizen, taxpayer, resident or entity? Yes No

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.

POLICY NUMBER: _____

5. Declaration

I UNDERSTAND AND CONFIRM THAT:

1. The information I have provided above and in any supporting documents and/or records (collectively defined as this 'Form') are true and complete and shall form part and be the basis of the assessment of this request and approval. I understand that providing false, inaccurate or incomplete information may result in my transaction request being denied and shall give FWD the right to cancel the Policy, repudiate the claim or forfeit all payments to be made.
2. I understand that my request (if applicable) for policy change, reinstatement, or addition of coverage/rider which requires evidence of insurability shall not take effect unless duly approved by FWD and any required payment for the transaction request is paid in full. I further understand that the Incontestability and Suicide Exclusion provisions in the Policy shall apply and the period stated thereunder shall run upon FWD's approval of the request for reinstatement, increase or decrease of sum insured or rider.
3. I have fully disclosed all of my citizenships, tax status, residencies, relevant taxpayer identification numbers and agree to notify FWD within thirty (30) days of any changes to the above information. For the purposes of ensuring continued compliance, FWD may request information and/or documents from me including completed, executed and, if necessary, notarized tax declarations or forms.
4. I authorize FWD to disclose my personal and financial information to any government or tax authority (within or outside the Philippines) for the purposes of ensuring FWD's continual compliance with applicable laws, regulations, guidelines and good market practices. I also agree that FWD has the right to require any of my beneficiaries, claimants, assignees and/or payees to:
 - a. provide FWD with their respective personal and financial information;
 - b. sign and submit such documents as FWD may reasonably require; and
 - c. authorize FWD to disclose such personal and financial information to relevant Filipino and/or foreign government and/or tax authorities.
5. The amounts invested in my policies have been declared to the relevant government and tax authorities (within or outside the Philippines) and none were derived, directly or indirectly, from illegal or unlawful activities and sources or from tax evasion. I authorize FWD to withhold payment of any amounts due to myself, my beneficiaries, claimants, assignees and/or payees if required by any relevant government or tax authorities (within or outside the Philippines).

Place of signing _____

Date:

m	m
d	d

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y	y	y	y
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_____	_____	_____	_____
Policy Owner's Signature over Printed Name	Irrevocable Beneficiary	Assignee <i>(if policy is assigned)</i>	FWP/FSC/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 beneficiary/ies is below 18 years of age or predeceased, additional documents will be required. (3) If this form will be signed outside the Philippines, please have the form authenticated by the nearest Philippine Embassy or Consulate in your locality. (4) The witness should be a disinterested adult person.

6. 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 Transfer of Ownership, and acknowledged to me that they executed the same as their own free and voluntary act and deed and of the corporation/s they represent, if any.

IN WITNESS WHEREOF, I have set my hand and affix my seal at _____, Philippines, this, ____ day of _____, 20__.

Doc No. _____
Page No. _____
Book No. _____
Series of 20 _____

NOTARY PUBLIC
Commission expiry date: December 31, 20____

PLEASE DO NOT SIGN ON A BLANK FORM.