



**POLICY NUMBER:** \_\_\_\_\_

**M.  CHANGE OF PLAN:** To: \_\_\_\_\_ *Note: Change of Plan is subject to Company approval and is processed upon submission of a Health Statement Form.*

**N.  CHANGE BENEFICIARY/IES** *Please indicate the complete list of your intended beneficiaries. Upon written confirmation by FWD, this will supersede any previous designations including those written in your insurance application form or any prior Policy Change Form accepted by the Company.*

IRR	REV	PRIM	CON	Name (Last, First, Ext, MI)	Date of Birth (mm/dd/yyyy)	Relationship	Place of Birth	Nationality	Share
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____%

*Note: Please use extra sheet if space provided is not enough*

**O.  UPDATE SIGNATURE:** *Note: Please submit copy of valid ID bearing updated signature.*

\_\_\_\_\_ Previous Signature      \_\_\_\_\_ Current Signature      \_\_\_\_\_ Current Signature

**P.  EXTENSION OF GRACE PERIOD:**  
 I request for a 31-day extension of the Grace Period on my quarter/semi-annual/annual premium due. Due Date: 

m	m	d	d	y	y	y	y

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Premium due: \_\_\_\_\_

This extension is a special privilege offered to the Policy Owner once every policy year. The next extension may be requested not earlier than: 

m	m	d	d	y	y	y	y

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**P.  OTHER SERVICE REQUEST:**

**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.

**5. Declaration**

I UNDERSTAND AND CONFIRM THAT:

- 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.
- 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.
- 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.
- 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:
  - provide FWD with their respective personal and financial information;
  - sign and submit such documents as FWD may reasonably require; and
  - authorize FWD to disclose such personal and financial information to relevant Filipino and/or foreign government and/or tax authorities.
- 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	y	y	y	y

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 / 


\_\_\_\_\_  
 Policy Owner's Signature over Printed Name      Irrevocable Beneficiary      Assignee (if policy is assigned)      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.

**PLEASE DO NOT SIGN ON A BLANK FORM.**