

Policy Fund Withdrawal 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

PARTIAL REDEMPTION FULL REDEMPTION CANCELLATION WITHIN COOLING-OFF PERIOD CASH SURRENDER

Your request for Partial Redemption may be made in terms of ONE of the following: PERCENTAGE, NUMBER OF UNITS, or AMOUNTS.

Fund Name	Fund Code	Percentage	Number of Units	Amount*
		%		
		%		
		%		
		%		

For Full Redemption and Cancellation within Cooling-Off Period, please indicate reason for the said request:

** Note: 1) The partial redemption in terms of amount shall be an estimate depending on the fund price as of the trading date and subject to the minimum maintaining balance per fund. 2) The Total Account Value immediately after partial redemption must not be less than the minimum amount as specified by FWD from time to time, otherwise, the Owner must withdraw the Total Account Value. 3) Full redemption request is tantamount to surrendering your policy contract with FWD. Thus, your coverage and all other benefits of this policy will be terminated.*

IMPORTANT REMINDER

Insurance policies aim to address Policy Owner's long term protection and financial needs. When a Policy Owner fully surrenders an insurance policy with an intent to replace it with a new policy, the Policy Owner may need to pay higher premiums and incur loss of specific features or protection due to changes in age and/or health conditions. New charges may be incurred and relevant provisions such as incontestability/suicide provisions may start anew under the new policy.

The Policy Owner should consider the following options aside from surrendering your policy:

- 1) Apply for a Premium Holiday to keep your policy Inforce.
- 2) Exercise a Partial Withdrawal of Investment Funds.

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

