



Policy Fund Withdrawal Form

Policy Number

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FWP/FSC Code

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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: *Note: Hardcopy of notices will only be sent if preferred mailing address is Residence or Business/Office.*

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:

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** 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

POLICY NUMBER: _____																											
4. Pay Out Option																											
<input type="checkbox"/> Check <input type="checkbox"/> Credit to my Bank Account (please fillout details in below box)																											
Bank: <input type="radio"/> BPI <input type="radio"/> BDO <input type="radio"/> SBC <input type="radio"/> Metrobank <input type="radio"/> Others: _____		Branch Account: _____																									
Account Name: _____		Account Number: _____																									
Type of Account: <input type="radio"/> Savings <input type="radio"/> Checking		Currency: <input type="radio"/> Dollar <input type="radio"/> Peso (Based on policy currency)																									
Others: _____																											
In this option, I authorize FWD to credit the proceeds to the Bank Account specified above. I certify that I am the owner of the specified bank account and I am the Owner of the FWD Policy Contract bearing the Policy Number indicated in this form.																											
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.																											
6. Declaration																											
I UNDERSTAND AND CONFIRM THAT:																											
<ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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). The payment by FWD of the proceeds of this application through check or direct credit to the specified bank account number shall release and forever discharge FWD from all actions, claims and demands on all matters involving the benefit or its amount. Further, I certify the correctness and accuracy of the above information I provided to FWD and I understand that any discrepancy may cause delay in the disbursement of the proceeds. 																											
Place of signing _____		Date: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>m</td><td>m</td></tr> <tr><td>d</td><td>d</td></tr> <tr><td>y</td><td>y</td></tr> <tr><td>y</td><td>y</td></tr> </table> / <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>d</td><td>d</td></tr> <tr><td>y</td><td>y</td></tr> <tr><td>y</td><td>y</td></tr> <tr><td>y</td><td>y</td></tr> </table> / <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>y</td><td>y</td></tr> <tr><td>y</td><td>y</td></tr> <tr><td>y</td><td>y</td></tr> <tr><td>y</td><td>y</td></tr> </table>		m	m	d	d	y	y	y	y	d	d	y	y	y	y	y	y	y	y	y	y	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.																											