|  | POLICY ASSIGNMENT FORM                    |   |  |  |
|--|---|---|--|--|
| An AIA Group Company   |   | 15F-18F Net Lima Building, 5th Avenue       | corner 26th Street, Bonifacio Global City, Taguig 1634   |  |
| Agent Code   |   |   |  |  |
|  |   |   |  |  |
| NOTE: Fill out 🗌 with block letters. Put 🗵   | on the tick boxes representing options.   |   | POLICY NUMBER  |  |
| PART I - CONTACT INFORMATION UPD   | ATE                                       |   |  |  |
| I agree to update my contact information   | n record with Philam Life based on the de | etails in this section.                     |  |  |
| LAST NAME  |   | Telephone : Residence                       | Office   |  |
| FIRST NAME   |   | ( )<br>Mobile Phone                         | ек:<br>(044) 123-4567  |  |
| MIDDLE NAME  |   | + 6 3<br>E-Mail Address                     | ex:<br>+63-900-1234567   |  |
|  |   |   |  |  |
| Preferred Mailing Address:   | Residence Office                          | If you want to receive e-notices in lieu of | f hard copy billings, accomplish the E-Notice Enrollment Form.   |  |
| House / Building / Lot No.,  |   |   |  |  |
| Name of Street   |   |   |  |  |
| District   | City                                      | Province                                    | Zip Code   |  |
| PART II - REQUESTED TRANSACTION/S  |   |   |  |  |
| ASSIGNMENT OF POLICY Ass   | signee                                    |   |  |  |
| IMPORTANT NOTICE   |   |   |  |  |
| The Assignee may be a Natural Aut<br>or Juridical Person.  | thorized Signatory                        | Position of Authorized Signatory            |  |  |
| Philam Life assumes no Tel   | ephone Number of Assignee                 | Amount A                                    | ssigned  |  |
| responsibility over the legality or<br>validity of the assignment of this  | ) -                                       | ex:   |  |  |
| policy to a third party.   | ailing/Business Address of Assignee       | (044) 123-4567                              |  |  |
|  |   |   |  |  |
| For valuable consideration, I hereby assign, transfer and convey unto said assignee the death benefits of subject policy up to the extent of among assigned indicated above; |   |   |  |  |
|  | -   |   | e to the insured/policyowner while alive; Provided, that<br>written consent of the assignee; Provided, that this |  |
| assignment is being made subject to the p  |   |   | ilam Life is formally advised by the assignee of the   |  |
| termination thereof.   | <b>F DOLICY</b> Motor Submit a conti      | insting avanual by the Appiance reliague    | iching interact on the policy  |  |
| CANCELLATION OF ASSIGNMENT O   |   | ication executed by the Assignee relinqui   | I rights and privileges of the assignee thereunder are   |  |
| hereby cancelled and immediately restored to   |   |   |  |  |
| PART III - SIGNATURE   |   |   | mm dd y y y  |  |
| Place Signed   |   | Date  |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
| Owner's Signature over Printed Name  | Irrevocable Beneficiary<br>PLEASE DO NOT  | Assignee<br>SIGN ON A BLANK FORM.           | Agent / Witness  |  |
| PART IV - ACKNOWLEDGEMENT  |   |   |  |  |
| Republic of the Philippines  |   |   |  |  |
| } s.s.   |   |   |  |  |
| J  |   |   |  |  |
| Before me, the undersigned Notary Public in an<br>with Competent Evidence of Identity:   | nd for                                    | personally appeared                         | ·  |  |
|  | person who executed the foregoing Agre    | ement, and acknowledged to me that the      | ey executed the same as their own free and voluntAry act   |  |
| and deed.<br>IN WITNESS WHEREOF , I have he<br>day of, 20,   | reunto set my hand and affixed my seal a  | at  | _, Philippines, this   |  |
| Doc. No  |   |   |  |  |
| Page No<br>Book No   |   |   | NOTARY PUBLIC  |  |
| Series of 20   |   |   | My commission expires December 31, 20  |  |
| QR-POS-PAR / REVISION 5 / JULY 2013  |   |   | PHILAM LIFE CUSTOMER CONFIDENTIAL  |  |

## REMINDERS

## GENERAL REQUIREMENTS

- This form should be notarized
- Policy Contract
- Policy Owner's Identification Cards
- Irrevocable Beneficiary's Identification Cards
- Certification from assignee relinquishing interest on the policy if for cancellation of assignment
- Please present the additional requirements for special circumstances:
- If with irrevocable beneficiary signature of the irrevocable beneficiary is required if policy will be assigned.

• If Policy contract is lost – submit together with this form a duly accomplished Indemnity Agreement Form (Request for Replacement of Lost Policy), dated, signed, witnessed, and duly notarized by a Notary Public. Payment of rewriting fee will be required.

## TO BE FILLED BY PHILAM LIFE PERSONNEL

| If witnessed by an agent, indicate if: | Original Reinstating            | Agent Signature                                     |
|--|---------------------------------|---|
|  | Assisting/Servicing/Transferred | Agent Code:   |
| Received By                            | Date                            | Documents submitted together with this application: |
| Branch/Office                          |                                 |   |
| Processed By                           | Date                            |   |
| Branch/Office                          |                                 |   |
| Approved By                            | Date                            |   |
| Branch/Office                          |                                 |   |
| Notes:                                 |                                 |   |