PHILAM LIFE
An AIA Group Company

REQUEST FOR REPLACEMENT OF LOST POLICY

15F-18F Net Lima Building, 5th Avenue corner 26th Street, Bonifacio Global City, Taguig 1634

Agent Code

POLICY NUMBER

NOTE: Fill out ☐ with block letters. Put ☒ on the tick boxes representing options.

PART I - CONTACT INFORMATION UPDATE

☐ I agree to update my contact information record with Philam Life based on the details in this section.

LAST NAME

FIRST NAME

MIDDLE NAME

Telephone : ☐ Residence ☐ Office

( ) -

ex: (044) 123-4567

Mobile Phone

+ 6 3 - -

ex: +63-900-1234567

E-Mail Address

If you want to receive e-notices in lieu of hard copy billings, accomplish the E-Notice Enrollment Form

Preferred Mailing Address: ☐ Residence ☐ Office

House / Building / Lot No., Name of Street

District City Province Zip Code

PART II - REQUESTED TRANSACTION

REPLACEMENT OF LOST POLICY

Select Instruction:

☐ Send replacement copy to preferred mailing address ☐ Not for reprinting (Surrender and Death Claim Transactions)

PART III - INDEMNITY AGREEMENT

I, _____, a _____ citizen of legal age, Single/Married/Widiwed/Divorced/Separated and residing at _____, Philippines, the Insured/Owner of Policy No. _____ issued by THE PHILIPPINE AMERICAN LIFE AND GENERAL INSURANCE COMPANY do hereby request the said company to issue a copy of the Policy in consideration of which I forever release and absolutely discharge the said Company, its successors and assignees, from any and all liabilities, claims, and demands in or to said original Policy No _____.

WHEREAS, said original Policy No _____ has been _____.

NOW, THEREFORE, in consideration of the premises, I agree to indemnify and save harmless said Company from all actions, causes of action, claims and demands growing out of any interest in said original Policy, or any assignment thereof.

IN WITNESS WHEREOF, I have hereunto set my hand at _____, _____, Philippines this _____ day of _____, 20____.

IN THE PRESENCE OF

Date m m / d d / y y y y

Address

Signature of Witness over Printed Name

Policy Owner

The undersigned hereby agree/s to the above:

Address

Signature of Witness over Printed Name

Irrevocable Beneficiary

Assignee

PLEASE DO NOT SIGN ON A BLANK FORM.

PART IV - ACKNOWLEDGEMENT

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 and to me known to be the same person who executed the foregoing Agreement, and acknowledged to me that they executed the same as their own free and voluntAry act and deed.

IN WITNESS WHEREOF , I have hereunto set my hand and affixed my seal at _____, Philippines, this _____ day of _____, 20 _____

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

NOTARY PUBLIC
My commission expires December 31, 20_____

Other Requests and Special Instructions

REMINDERS

GENERAL REQUIREMENTS

- This form should be notarized
- Policyowner's Identification Cards
- Irrevocable Beneficiary's Identification Cards

TO BE FILLED BY PHILAM LIFE PERSONNEL

If witnessed by an agent, indicate if: ☐ Original ☐ Reinstating ☐ Assisting/Servicing/Transferred

Agent Signature _____

Agent Code: | | | | | | | | | | |

Received By _____ Date _____

Branch/Office _____

Processed By _____ Date _____

Branch/Office _____

Approved By _____ Date _____

Branch/Office _____

Documents submitted together with this application:

Notes: