

**COCOLIFE**

PLEASE PRESENT YOUR CERTIFICATION OF CONTRIBUTION AND COMPANY ID WITH THIS WITHDRAWAL FORM. ACCOMPLISH AUTHORIZATION IF WITHDRAWAL WILL BE MADE BY A REPRESENTATIVE.

FBR WITHDRAWAL FORM

Date: _____

Policy Number/Certificate No: _____

NAME OF POLICY OWNER/INSURED

FBR CERTIFICATE NO.

AMOUNT OF FBR WITHDRAWAL IN PESOS

SIGNATURE OF POLICY OWNER/INSURED

NAME AND SIGNATURE OF IRREVOCABLE BENEFICIARY/IES

AUTHORIZATION THIS AUTHORIZES THE PERSON WHOSE NAME AND SIGNATURE APPEAR BELOW TO MAKE FBR WITHDRAWAL ON MY BEHALF_____
NAME OF REPRESENTATIVE_____
SIGNATURE OF REPRESENTATIVE_____
NAME OF POLICY OWNER/INSURED_____
SIGNATURE OF POLICY OWNER/INSURED

SIGNATURE OF REPRESENTATIVE (TO BE SIGNED IN FRONT OF THE CASHIER)

PROCESSED BY:

APPROVED BY:

PAYMENT RECEIVED BY:

POL_ADMIN-026-0304-1

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