



DIVIDEND WITHDRAWAL FORM

\_\_\_\_\_

Date Policy No. Name of Policyowner/Insured:

[ ] I would like to apply it to premium due of Policy No. \_\_\_\_\_ [ ] I would like to apply it to pay the loan balance of Policy No. \_\_\_\_\_

[ ] I would like to withdraw my policy's accumulated dividends in the amount of \_\_\_\_\_.

[ ] Mail the check to me at address below: \_\_\_\_\_ [ ] Please deposit my check to UCPB Account No. \_\_\_\_\_

[ ] I will claim the check at the head office/branch office \_\_\_\_\_ [ ] I will send an authorized representative/agent \_\_\_\_\_  
(Name of representative/agent)

\_\_\_\_\_  
(Signature of Policyowner)

Signature over Printed name of Irrevocable Beneficiary

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POL\_ADMIN-032-1105-1



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