

BRANCH: \_\_\_\_\_

**POLICY SURRENDER / VARIABLE LIFE TRANSACTION FORM**

Date	<b>TYPE OF TRANSACTION</b>		
Policy Number	Traditional Life Policy : <input type="checkbox"/> Surrender <input type="checkbox"/> Cancellation		
	Variable Life Policy (VL) : <input type="checkbox"/> Change of Fund Allocation Instruction <input type="checkbox"/> Fund Switching <input type="checkbox"/> Cooling Off		
	<input type="checkbox"/> Partial Withdrawal <input type="checkbox"/> Full Withdrawal		
<b>POLICY OWNER INFORMATION</b> <input type="checkbox"/> Owner is the Insured	First Name _____	Middle Name _____	Surname _____ Contact Number _____

Other Telephone Numbers _____	Email Address _____	Send me policy updates via: <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> SMS Notification
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<b>INSURED INFORMATION</b> (if other than the Policy Owner)	First Name _____	Middle Name _____	Surname _____	Contact Number _____
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**Reason(s) for Surrender / VL Full Withdrawal / VL Cooling Off / Cancellation of Policy**

<input type="checkbox"/> I do not want the coverage / I do not need the coverage.	<input type="checkbox"/> I need cash
<input type="checkbox"/> I cannot afford to pay the premiums	<input type="checkbox"/> I cannot avail of a loan anymore
<input type="checkbox"/> I am planning to buy or I have bought a new policy	<input type="checkbox"/> Poor service
<input type="checkbox"/> I am no longer connected with my company	<input type="checkbox"/> Please specify other reason _____

**APPLICATION FOR CHANGE OF FUND ALLOCATION INSTRUCTION**

New Fund Allocation Instruction		
<b>Peso Plans</b> Guaranteed Fund (Max 90%) = _____ % Peso Fixed Income Fund = _____ % Peso Equity Fund = _____ % Peso Bond Fund = _____ % Others: _____ = _____ % _____ = _____ % _____ = _____ % TOTAL = 100 %	<b>Dollar Plans</b> Guaranteed Fund (Max 90%) = _____ % Dollar Bond Fund = _____ % Others: _____ = _____ % _____ = _____ % _____ = _____ % TOTAL = 100 %	<b>Agreement</b> 1. Fund allocation instruction shall comply with the minimum allocation percentage in an Investment fund and maximum number of Investment Funds to which the premiums may be allocated as determined by the Company from time to time. 2. Allocation instruction will be effective on the Valuation Date immediately following the date of our approval of your application.

**APPLICATION FOR FUND SWITCHING**

Plan	Amount or No. of units to be Switched
<b>From:</b> <input type="checkbox"/> Guaranteed Fund : _____ <input type="checkbox"/> Fixed Income Fund : _____ <input type="checkbox"/> Equity Fund : _____ <input type="checkbox"/> Bond Fund : _____ <input type="checkbox"/> Others: _____ : _____ <input type="checkbox"/> _____ : _____ <input type="checkbox"/> _____ : _____	<b>To:</b> <input type="checkbox"/> Guaranteed Fund : _____ % (Max 90%) <input type="checkbox"/> Fixed Income Fund : _____ % <input type="checkbox"/> Equity Fund : _____ % <input type="checkbox"/> Bond Fund : _____ % <input type="checkbox"/> Others: _____ : _____ % <input type="checkbox"/> _____ : _____ % <input type="checkbox"/> _____ : _____ %

**Agreement**

- The amount to be switched must not be less than the minimum amount as determined by the Company from time to time.
- A maintaining balance on the fund will be determined by the company.
- Switching of units will be effective on the Valuation Date immediately following the date of our approval of your application.
- All amounts will follow the denomination used by the plan.
- A fund switching fee as may be determined by the Company may be charged by us.

**APPLICATION FOR VL PARTIAL WITHDRAWAL**

Gross amount to be withdrawn = _____		<b>Agreement</b> 1. The amount to be withdrawn must not be less than the minimum amount as determined by the Company from time to time. 2. No partial withdrawal will be allowed if the resulting Total Account Value of the Policy will be less than the minimum maintaining balance stated in the Policy Data Sheet/Page. 3. Withdrawal fee, as stated in the Policy Data Sheet/Page, will be charged by the Company. 4. For the Unitized Funds, the Units equivalent to the amount of Partial Withdrawal shall be calculated on the date of application, based on the proportion indicated for each of these funds. The withdrawal amount to be released will be the value of the calculated units for withdrawal for the Unitized Funds times the respective Unit Prices as of posting date for such withdrawal, plus the amount specified for the Guaranteed Fund. 5. Full withdrawal will result to termination of the policy.
For Peso Plans	<input type="checkbox"/> Guaranteed Fund _____ % <input type="checkbox"/> Peso Fixed Income Fund _____ % <input type="checkbox"/> Peso Equity Fund _____ % <input type="checkbox"/> Peso Bond Fund _____ % Others: _____ _____ % _____ _____ % _____ _____ %	
<b>From :</b>		
For Dollar Plans	<input type="checkbox"/> Guaranteed Fund _____ % <input type="checkbox"/> Dollar Bond Fund _____ % Others: _____ _____ % _____ _____ % _____ _____ %	
<b>To :</b>		

Dated at \_\_\_\_\_ on \_\_\_\_\_.

I/We, the undersigned Policy Owner and/or Irrevocable beneficiary(ies) hereby certify that all statements and answers herein are true and correct. Also, I/We hereby certify that I/We carefully understood and agreed each and every agreement stated on this application form. In consideration of the foregoing, I am/We are, my successors and assignees, hereby forever release and discharge the UNITED COCONUT PLANTERS LIFE ASSURANCE CORPORATION, its officers, employees, agents, and or representatives, successors-in-interest or assigns from all actions and any further claim, liability or obligation under the said policy.

I/We further declare under oath that the said policy has not been assigned or transferred to any other third party; that I am the party legally entitled to the benefits under the said policy; that there is at present no insolvency proceedings of my estate (whether voluntary or involuntary) filed or pending in any of the courts of the Philippines; and that I have never been declared insolvent.

Left Thumbmark Right Thumbmark

Thumb mark of Policy Owner (if unable to sign or if signature is in block letters)

Left Thumbmark Right Thumbmark

Thumb mark of Insured (if unable to sign or if signature is in block letters)

Signature of Witness over Printed Name Signature of Insured over Printed Name Note: Attach Valid ID \*\*\* Signature of Irrevocable Beneficiary over Printed Name Note: Attach Valid ID \*\*\* Signature of Policy Owner over Printed Name Note: Attach Valid ID \*\*\*

\*\*\* Please attach photocopied Valid IDs with 3 signatures. \*\*\*

Release Instruction:

- Release Instruction options: Peso Check Release, Convert Peso to Dollar proceeds, Convert Dollar to Peso Check, Deposit to my UCPB Account Number, Wire Transfer, Dollar Withdrawal slip, Pay for Policy Number.

DATA PRIVACY POLICY

COCOLIFE upholds an individual's data privacy rights and assures that all your personal information, sensitive personal information and privileged information (collectively, "Personal Data"), collected and to be collected, are processed in compliance to the Data Privacy Act of 2012 (RA No. 10173 and its implementing Rules and Regulations (IRR)).

To enable us to perform our processes related with your amendment form, it is important that COCOLIFE collects, uses and stores your personal data. Thus, we are using your information to: (1) Evaluate the amended items provided; (2) Prevent Money Laundering or Terrorism Financing activities; (3) Comply with reportorial and regulatory requirements of law; and (4) Perform other reasonable purposes as may be necessary to implement the terms and conditions of the contract.

We may share your personal data only to the extent that is reasonable and necessary to our employees and officers handling your orders and request; our subsidiaries, affiliates, partners, joint venture & other related parties e.g. any third-party service providers performing financial, administrative, technical and other ancillary services like credit investigation, and; person or entity that we contractually entered with, that ensures the confidentiality standard we implement and adhere to the DPA.

COCOLIFE shall ensure that personal data under its custody are protected against any accidental or unlawful destruction, alteration and unlawful disclosure. It implements appropriate security measures in storing collected personal data. Personal data will be safely destroyed through secure means, after the lapse of the retention period provided by law or as determined by COCOLIFE.

Kindly browse through our Privacy Policy Statement in our company website to know more about the importance of your rights under the DPA. You may also send in your concerns to: COCOLIFE Data Protection Officer at COCOLIFE Building, 6807 Ayala Avenue, Makati City or e-mail address at dpo@cocolife.com.

By signing below, you acknowledge and agree with the foregoing and certify that you explicitly consent to the collection, processing, sharing, storing of your personal and sensitive personal information by COCOLIFE for purposes described in this Data Privacy Policy.

This consent shall apply to all of my existing policies with COCOLIFE.

I/We, the undersigned hereby certify that I/We explicitly and unambiguously consent to the collection, processing, sharing, storing of my/our personal and sensitive personal information by COCOLIFE for purposes described in the Data Privacy Policy. I/We hereby certify that I/We carefully understood and comprehend the terms above before giving my/our consent.

Name and Signature of Insured / Borrower Name and Signature of Policy Owner