

**POLICY ADMINISTRATION REQUEST FORM**

Date	POLICY OWNER First Name	Middle Name	Surname	Contact No.
Policy Number	INSURED First Name	Middle Name	Surname	Contact No.
Branch Name	Policy Owner's Email Address		Insured's Email Address	

**TRANSACTION**

Please process and release the proceeds of my chosen transaction as indicated below (please check the transaction).

Amount of transaction (indicate if necessary) \_\_\_\_\_.

- ENDOWMENT BENEFIT
- POLICY LOAN
- DIVIDEND WITHDRAWAL
- Specify other transaction: \_\_\_\_\_
- SEMESTRAL / TRIMESTER BENEFIT
- REINSTATEMENT REFUND
- PREMIUM DEPOSIT FUND / FUND BUILDER RIDER WITHDRAWAL
- GRADUATION GIFT
- MATURITY

**POLICY LOAN**

- I am applying for Policy Loan, and I am aware that my policy has an existing Premium Deposit Fund (PDF)/ Fund Builder Rider (FBR) / Dividends that earns interest lower than the Policy Loan.
- I am aware that there is a possibility that this loan including its interests may exceed the available cash value under my Policy, and in such case this will result to auto termination of my Policy.
- I am aware that if in case I availed a loan more than the recommended limit, this will result to a **greater possibility** that such loan Including its interests may exceed the available cash value under my Policy which will result to auto termination of my Policy.

POLICY DATA	COMPUTATION
Plan _____	Gross Loan .... P _____
Issue Date _____	Less:
Face Amount _____	Outstanding Loan .... _____
Issue Age _____	Interest on Loan .... _____
	Document Stamp .... _____
	Others .... _____
	Net Loan .... P _____

**TERMS AND CONDITIONS OF THIS LOAN:**

- This loan shall bear interest at the rate specified in the provisions of the policy, payable on the next anniversary date of the policy. An interest which shall not be paid when due shall be added to the principal of the loan and shall become a part thereof and bear interest at the same rate and on the same conditions as the loan.
- The principal of the loan and the interest due and accrued thereon shall become due and payable whenever the outstanding loan on said policy shall equal or exceed the cash value of the said policy, or when any premium due on the said Policy shall not be paid. **In case the outstanding loan balance equals or exceeds the available cash value under the policy, the policy shall then automatically terminates.**
- In case the policy lapses or becomes forfeited in any manner, the amount of the loan with accrued interest thereon shall be deducted from any cash surrender value of the Policy or shall operate to reduce the amount of any Paid-Up Insurance or the amount of and/or the term of the Extended Insurance, in accordance with the rules and practice of the company.
- Subject to the provisions of the policy, in case a benefit becomes payable, and while an unpaid loan under the same policy is still in effect, the amount of benefit payable shall be reduced by the outstanding loan balance at the time the benefit becomes then payable.

I/We further agree that the assignment of my/our right and interest in the policy against which this policy loan is granted shall be binding upon me/us and my/our successors in interest or assigns even if such assignment has not been endorsed on this policy.

**RELEASE DETAILS**

Please be informed that all available proceeds from the above-mentioned policy will be released thru:

- Peso Check Release                       Dollar Current Draft Check Release (For Dollar policy/s only, bank charges may apply)
  - Name of authorized representative \_\_\_\_\_
  - Will claim / pick up at Head Office / Other COCOLIFE branch \_\_\_\_\_
- Convert Dollar to Peso Check (For Dollar Policy/s only)                       Convert Peso to Dollar proceeds (based on Bank Rate)
  - Deposit to UCPB Account Number \_\_\_\_\_ Account Name \_\_\_\_\_
- Wire transfer (Non-UCPB Account)
  - Peso Account                       Dollar Account (For Dollar Policy/s only)

Account Name \_\_\_\_\_ Bank Telephone Number \_\_\_\_\_

Account Number \_\_\_\_\_ Swift Code \_\_\_\_\_

Bank Name \_\_\_\_\_ International Bank Account Number (IBAN) \_\_\_\_\_

Exact Bank Address \_\_\_\_\_

Client's Residence Address \_\_\_\_\_

Charges may apply for Non-UCPB account, and/or if the account details, i.e., account number, account name, or other details provided are incorrect, an additional charges may be levied by the receiving bank. The additional Bank Charges will be deducted from the proceeds for wire transfer or telegraphic transfer request.

- Dollar Withdrawal Slip / Notes for encashment in any UCPB Branch \_\_\_\_\_
- I would like to apply it to premium due of Policy Number \_\_\_\_\_
- I would like to apply it to pay the policy loan balance of Policy Number \_\_\_\_\_

(To avoid unnecessary delay in funds disbursement, kindly make sure that your bank account details are updated and accurate.)

Other instructions: \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Witness    Signature of Insured    Signature of Policy Owner

\_\_\_\_\_  
Signature of Irrevocable Beneficiary    Signature of Irrevocable Beneficiary    Signature of Irrevocable Beneficiary

"Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim."

**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. When you provide information other than yours, you certify that you obtained their consent to disclose and process the information of your parents, spouse, children, dependent or about another person like stockholders, officers or employees.

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