UNITED COCONUT PLANTERS LIFE ASSURANCE CORPORATION
COCOLIFE Building, 6807 Ayala Avenue, Makati City 1226
Tel. No. 8810-7888 | Mobile Nos.: +639178068505 | +639985838081
Just Ask Live (JAL): https://crm.cocolife.com/webchat/customer/chat
TIN 000-604-739-000 NV
Website: www.cocolife.com

Branch/Department: _____

POLICY SURRENDER / VARIABLE LIFE TRANSACTION FORM

Date

Policy Number:

TYPE OF TRANSACTION:

Traditional Life Policy : ☐ Surrender

Variable Life Policy (VL) : ☐ Change of Fund Allocation Instruction ☐ Fund Switching

☐ Partial Withdrawal ☐ Full Withdrawal

POLICY OWNER INFORMATION: ☐ Owner is the insured.	First Name	Middle Name	Surname	Contact Number:

Other Telephone Numbers:	Email Address:	**Send me policy updates via:** ☐ Email ☐ Post ☐ SMS Notification

INSURED INFORMATION: (if other than the Policy Owner)	First Name	Middle Name	Surname	Contact Number:

REASON(S) FOR SURRENDER / VL FULL WITHDRAWAL

☐ I do not want the coverage / I do not need the coverage. ☐ I need cash

☐ I cannot afford to pay the premiums ☐ I cannot avail of a loan anymore

☐ I am planning to buy or I have bought a new policy ☐ Poor service

☐ I am no longer connected with my company ☐ Please specify other reason _____ .

☐ APPLICATION FOR CHANGE OF FUND ALLOCATION INSTRUCTION

New Fund Allocation Instruction

Fund Allocation (Percentage)

Guaranteed Fund (Max 90%)	=	_____ %
Peso Fixed Income Fund	=	_____ %
Peso Equity Fund	=	_____ %
Peso Bond Fund	=	_____ %
Peso Cocolife Asian Multi-Asset Income Fund	=	_____ %
Peso Cocolife Global Consumer Trend Fund	=	_____ %
Dollar Bond Fund	=	_____ %
Others: _____	=	_____ %
_____	=	_____ %
_____	=	_____ %
TOTAL	**=**	**100 %**

Agreement

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

From:		**To:**	
☐ Guaranteed Fund	: _____	☐ Guaranteed Fund	: _____
☐ Fixed Income Fund	: _____	☐ Fixed Income Fund	: _____
☐ Equity Fund	: _____	☐ Equity Fund	: _____
☐ Bond Fund	: _____	☐ Bond Fund	: _____
☐ Peso Cocolife Asian Multi-Asset Income	: _____	☐ Peso Cocolife Asian Multi-Asset Income	: _____
☐ Peso Cocolife Global Consumer Trend Fund	: _____	☐ Peso Cocolife Global Consumer Trend Fund	: _____
☐ Others : _____	: _____	☐ Others : _____	: _____
_____	: _____	_____	: _____
_____	: _____	_____	: _____

Agreement

1. The amount to be switched must not be less than the minimum amount as determined by the Company from time to time.
2. A maintaining balance on the fund will be determined by the company.
3. Switching of units will be effective on the Valuation Date immediately following the date of our approval of your application.
4. All amounts will follow the denomination used by the plan.
5. 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 = _____

For Peso Plans	Guaranteed Fund (Max 90%) = _____% Peso Fixed Income Fund = _____% Peso Equity Fund = _____% Peso Bond Fund = _____% Peso Cocolife Asian Multi-Asset Income Fund = _____% Peso Cocolife Global Consumer Trend Fund = _____% Others: _____ = _____% _____ = _____% _____ = _____%
For Dollar Plans	Guaranteed Fund (Max 90%) = _____% Dollar Bond Fund = _____% Others: _____ = _____% _____ = _____% _____ = _____%

Agreement

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 Fund times the respective Unit Prices as of posting date for such withdrawal, plus the amount specified for the Guaranteed Fund.
5. Full withdrawal of the Total Account Value for Variable Life policies or surrender for Traditional Life policies will result to termination of the policy.

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.

RELEASE INSTRUCTION

Release Instruction:

☐ Peso Check Release

- ☐ Name of Authorized representative _____
- ☐ Will claim / pick up at Head Office / Other COCOLIFE branch _____

☐ Convert Dollar to Peso Check (For Dollar Policy/s only) _____

☐ Cash Pick Up Anywhere (any accredited Payment Center) _____

☐ Wire Transfer / Telegraphic Transfer (Bank Transfer)

- ☐ Peso Account ☐ Dollar Account (For Dollar Policy/s only)

- **Charges may apply and I am aware that if the account number, account name or other details given was incorrect, additional charges may be levied by the receiving bank and since we will submit a new request, bank charge will be deducted again from the proceeds for wire transfer or telegraphic transfer request.**

- **Mandatory Information**

Account Name _____ Bank Telephone Number _____

Account Number _____ Swift Code _____

Bank Name _____ International Bank Account Number (IBAN) _____

Exact Bank Address _____

(Please make sure that your bank details are updated and accurate to avoid unnecessary delay in funds disbursement.)

☐ Pay for Policy Number _____ Please indicate amount to be transferred _____

- ☐ Premium Payment ☐ Policy Loan Payment

Other instructions: _____

_____

Dated at _____ on_____.

Left Thumbmark	Right Thumbmark

Thumbmark of Insured/Parent of Minor Insured
(if unable to sign or if signature is in block letters)

Signature of witness over Printed Name	Signature of Insured over Printed Name	Signature of Policy Owner over Pinted Name
Signature of Irrevocable Beneficiary over Printed Name	Signature of Irrevocable Beneficiary over Printed Name	Signature of Irrevocable Beneficiary over Printed Name

Left Thumbmark	Right Thumbmark

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

"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 adheres 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 on 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, and 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.

_____
Signature of Policy Owner over printed name