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 ADMINISTRATION REQUEST FORM

Date	**POLICY OWNER**	First Name	Middle Name	Surname	Contact No.:
Policy Number:	**INSURED**	First Name	Middle Name	Surname	Contact No.:
Policy Owner's Email Address:					Insured 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
☐ SEMESTRAL / TRIMESTRAL / GRADUATION GIF
☐ REINSTATEMENT REFUND
☐ PREMIUM DEPOSIT FUND / FUND BUILDER RIDER WITHDRAWAL
☐ MATURITY BENEFIT
☐ LOST POLICY
☐ SETTLEMENT OPTION WITHDRAWAL

☐ Specify other transaction: _____

POLICY LOAN

☐ I am applying for Policy Loan, and I am aware that if any case my Policy has an existing Premium Deposit Fund (PDF)/ Fund Builder Rider (FBR) / Dividends, the interests earned may be lower than that of my Policy Loan, and if the Policy Loan I availed is 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.

☐ I am aware that if my loan is unpaid, the loan balance including the accrued interest over time 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:

1. **LOAN INTEREST**
   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.
2. **LOAN RESULTING TO TERMINATION OF THE POLICY**
   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.**
3. **LOAN AND CASH VALUE**
   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.
4. **LOAN AND BENEFIT**
   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 then becomes payable.
5. If the policy reached its Maturity Date or Expiry Date automatic insurance coverage is no longer active.
6. For Lost Policy request, I do hereby request the company to cancel the previous Policy Contract and issue a duplicate copy due to the destroyed or misplaced Policy Contract.

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 DETAILS

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) ☐ **One-Time Transfer** ☐ **Apply to Succeeding Benefit (for Endowment / Educational Plans)**

- ☐ 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