PHILAM LIFE
An AIA Group Company

POLICY ASSIGNMENT FORM

15F-18F Net Lima Building, 5th Avenue corner 26th Street, Bonifacio Global City, Taguig 1634

Agent Code

POLICY NUMBER

NOTE: Fill out ☐ with block letters. Put ☒ on the tick boxes representing options.

PART I - CONTACT INFORMATION UPDATE

☐ I agree to update my contact information record with Philam Life based on the details in this section.

LAST NAME

FIRST NAME

MIDDLE NAME

Telephone : ☐ Residence ☐ Office

( ) -

ex: (044) 123-4567

Mobile Phone

+ 6 3 - -

ex: +63-900-1234567

E-Mail Address

If you want to receive e-notices in lieu of hard copy billings, accomplish the E-Notice Enrollment Form

Preferred Mailing Address: ☐ Residence ☐ Office

House / Building / Lot No., Name of Street

District City Province Zip Code

PART II - REQUESTED TRANSACTION/S

☐ **ASSIGNMENT OF POLICY**

IMPORTANT NOTICE

The Assignee may be a Natural or Juridical Person

Philam Life assumes no responsibility over the legality or validity of the assignment of this policy to a third party.

Assignee

Authorized Signatory

Position of Authorized Signatory

Telephone Number of Assignee

( ) -

ex: (044) 123-4567

Amount Assigned

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Mailing/Business Address of Assignee

For valuable consideration, I hereby assign, transfer and convey unto said assignee the death benefits of subject policy up to the extent of amoung assigned indicated above; Provided that endowment proceeds, hospitalization and disability benefits and other living benefits of this Policy remain payable to the insured/policyowner while alive; Provided, that any act that may result in the reduction of the face amount or termination of the subject Policy shall be with the express written consent of the assignee; Provided, that this assignement is being made subject to the provisions and conditions of the said policy and shall remain effective until Philam Life is formally advised by the assignee of the termination thereof.

☐ **CANCELLATION OF ASSIGNMENT OF POLICY** *Note: Submit a certification executed by the Assignee relinquishing interest on the policy.*

This is to formally advise Philam Life of the cancellation and termination of the assignment of the subject policy. As such, all rights and privileges of the assignee thereunder are hereby cancelled and immediately restored to the policyowner.

PART III - SIGNATURE

Place Signed

Date: m m / d d / y y y y

Owner's Signature over Printed Name | Irrevocable Beneficiary | Assignee | Agent / Witness

PLEASE DO NOT SIGN ON A BLANK FORM.

PART IV - ACKNOWLEDGEMENT

Republic of the Philippines

}S.S.

Before me, the undersigned Notary Public in and for _____ personally appeared _____ with Competent Evidence of Identity: _____

known to me and to me known to be the same person who executed the foregoing Agreement, and acknowledged to me that they executed the same as their own free and voluntAry act and deed.

IN WITNESS WHEREOF , I have hereunto set my hand and affixed my seal at _____, Philippines, this _____ day of _____, 20 _____

Doc. No. _____
Page No. _____
Book No. _____
Series of 20_____

NOTARY PUBLIC
My commission expires December 31, 20_____