

1. POLICY DETAILS

Policy No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Insured: _____
Policyowner:	_____									Phone No. _____
Address:	_____									Celfone no. _____
	_____									TIN: _____
Email address	_____									SSS/GSIS: _____

Assignee: _____

Assignee's Address: _____

Authorized Signatory: Name _____
 Title/Position _____

Phone No. _____ Fax No. _____

Amount Assigned: P/\$ _____ Original Face Amount: P/\$ _____

For valuable consideration, I hereby assign, transfer and convey unto said assignee the death benefits of subject policy up to the extent of amount 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 further, 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, and provided finally, that this assignment is being made subject to the provisions and conditions of said policy and shall remain effective until Philam Life is formally advised by the assignee of the termination hereof.

Place of Signing: _____ Date: _____

Signature above Printed Name of Policyowner Irrevocable Beneficiary

Witness Irrevocable Beneficiary

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.

Place of Signing: _____ Date: _____

Signature above Printed Name of Policyowner

Witness

Signature above Printed Name of Assignee/Authorized Signatory

ACKNOWLEDGEMENT

} S.S.

Before me, the undersigned Notary Public in and for _____ personally appeared:

Name: _____ Residence Certificate No. _____
Place of Issue: _____ Date of Issue: _____

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 on December 31, 20

TO BE FILLED OUT BY PHILAM LIFE PERSONNEL

Branch/Office: _____ Received by: _____ Date: _____
 Approved by: _____ Date: _____ Processed by: _____ Date: _____

POLICY ASSIGNMENT INSTRUCTIONS AND CONDITIONS

1. POLICY DETAILS	Please complete this section to facilitate identification of your Policyowner details as well as our communication with you.
2. ASSIGNMENT DETAILS	The assignee may either be a natural or juridical person. Please fill-out the complete name and address.
3. COLLATERAL ASSIGNMENT OF POLICY	Please fill-out this portion if the policy will be assigned to a company/institution or to another individual.
4. CANCELLATION OF ASSIGNMENT	Please fill-out this portion if the assignment will be cancelled. Please submit a certification executed by the assignee relinquishing interest on the policy.
SIGNATURE	<p>REQUIREMENTS FOR ITEMS 3 AND 4:</p> <p>This request must have a date and place of signing. This must be signed by the Policyowner, the irrevocable beneficiaries and the assignee. The witness portion must be duly signed by a third party of legal age.</p> <p>This form should be duly notarized.</p>
DOCUMENTS TO BE PRESENTED	<p>Required documents:</p> <ul style="list-style-type: none"> • Policy Contract • Policyowner's Identification Cards • Certification from assignee relinquishing interest on the policy if for cancellation of assignment only <p>Please present the additional requirements for special circumstances:</p> <ul style="list-style-type: none"> • If with irrevocable beneficiary - signature of the irrevocable beneficiary is required if policy will be assigned. • If Policy contract is lost – submit together with this form a duly accomplished Indemnity Agreement Form (Request for Issue of Copy of Lost Policy), dated, signed, witnessed, and duly notarized by a Notary Public. Payment of rewriting fee will be required. • If Assignee is an individual – submit together with this form a copy of the loan agreement between the policyowner/insured and the assignee.