

REQUEST FOR WITHDRAWAL FROM PREMIUM DEPOSIT FUND

Name of Insured/Policy Owner:			
	(please print)		
Policy Number:		Date:	

To Customer Service Department:

I hereby request the withdrawal from my Premium Deposit Fund in the amount of _____ (P_____).

Amount in words

REASON FOR WITHDRAWAL

- ☐ Planning to buy a new policy.
- ☐ Switch to other investment outlet _____
- ☐ Others, please specify _____

PAYMENT DETAILS/OPTIONS:

Pick-up Check		
Deposit to Bank Account	Account Name*	
	Account Number	
	Bank Name	
	Branch/Address	

* Account name must be in the name of the Investor/Policy Owner.

Photocopy of two (2) valid Government Issued ID with specimen signatures.

Others, please specify _____

Signature of Insured/Policy Owner
over printed name

FOR OFFICE USE ONLY:		
Processed by:	Reviewed/Endorsed by:	Approved by:
Name:	Name:	Name:
Date:	Date:	Date:

CONSENT FORM (In Compliance with R.A. 10173)

I, _____, of legal age, Filipino citizen, and a resident of _____, do hereby state that: MANILA BANKERS ASSURANCE, a corporation duly organized and existing under Philippine laws with office address at the 3rd Floor, VGP Center, Ayala Avenue, Makati City, is requesting for my personal data and information for the purpose of my application for life insurance coverage. I have been informed of my rights under R.A. 10173 otherwise known as the Data Privacy Act of 2012 and that I fully understand my rights under R.A. 10173 and I hereby freely, voluntarily, willfully and intelligently give my consent to MANILA BANKERS ASSURANCE to gather, collect, hold, process and use my personal data and information for the purpose stated above.

Data Subject/Applicant