

1. General Information	Name of Life Insured (Last, First, MI)	Place of birth	Citizenship
	Name of Policy Owner, if different from Life Insured, (Last, First, MI)	Place of birth	Citizenship
	Mailing Address	Policy Number	
	Address Abroad (If applicable)	Email Address	
	Telephone No/Mobile No	Telephone No. Abroad (if applicable)	TIN

2. Details of request

The undersigned hereby requests the Company to advance by way of a loan, in accordance with the terms of the above numbered policy, the amount below:

Currency Peso (Php) Dollar (USD)

Amount in words *in words* _____
in figures _____

Apply to premium due on Policy Number(s) _____

Please deposit to my Chinabank Bank Account:

Bank branch: _____

Account: _____

Swift Code (Dollar): _____

Other instructions _____

And in consideration thereof it is agreed as follows:

- The said policy is hereby assigned to the Company as security for the said loan and interest under the terms of this agreement.
- Interest at the rate per annum is determined by the Company from time to time not more than once a year, but not in excess of the policy loan interest rate, if any, stated in the policy, will be due and payable on the said loan on the _____ day of _____ and annually thereafter until it has been fully repaid. Any overdue interest will be added to the loan and bear interest at the same rate as the loan.
- If the loan and interest thereon, together with all other indebtedness under the said policy, at any time exceed the cash value thereof, all liability of the Company under the said policy will immediately terminate, subject to any right of reinstatement provided in the policy. Cash value is defined as tabular cash value plus any dividend credits of the said policy.
- Any policy issued in lieu of the policy referred to above and all accumulations and additions thereto will be subject to the provisions herein contained.
- The undersigned hereby certify that they are each of legal age.

Requirements:

- Duly filled out Policy Loan Agreement form
- Policy Contract
- Photocopy of Two (2) Valid IDs
- SLPO (Self Liquidating Premium Option) Waiver Form (If policy is under SLPO)

Important:

Payment of any loan is encouraged to restore the cash value and save from further yearly adjustable interest charges per annum, and/or conserve intended benefits.

3. Signatures	Date signed	Place signed	Name and signature of Life Insured/Planholder
	Name and signature of Policyowner/Payor	Name and signature of Collateral Assignee	
	Name and signature of Irrevocable Beneficiary	Name and signature of FSA/Witness	Agent's Code

4. For Company use only

Original documents presented Policy Contract Valid ID(s)

Documents received/Signature verified by: _____ Branch _____ Date _____

Please send check to: *branch* _____ BOA name _____