

<b>1. General Information</b>		Name of Life Insured (Last, First, MI)	
Name of Policy Owner, if different from Life Insured, (Last, First, MI)		Policy Number/s	
Telephone No.	Mobile No.	Email Address	
<b>2. Assignment</b>			
All rights and interests in the above policy(ies) and states that this assignment is:		<b>REQUIREMENTS</b> 1. Assignment/Release of Assignment Form 2. Photocopy of two (2) Valid IDs of old and new PolicyOwner 3. Beneficiary Form signed by the new PolicyOwner	
<input type="checkbox"/> Absolute assignment <input type="checkbox"/> Collateral Assignment <input type="checkbox"/> Contingent Owner			
For the value received, the Owner hereby transfers and assigns to:			
Name of Assignee		Birthday (MM DD YYYY)	Place of Birth
Mailing Address		Address Abroad (If applicable)	
Telephone No.	Mobile No.	Email Address	Citizenship
<b>Collateral Security</b>			
Currency		<b>REQUIREMENTS</b> 1. Assignment/Release of Assignment Form 2. Photocopy of two (2) Valid IDs 3. Loan Agreement or proof of indebtedness	
<input type="checkbox"/> Peso (Php) <input type="checkbox"/> Dollar (USD)			
Amount Assigned <i>In words</i> _____			
<i>In figures</i> _____			
IMPORTANT: The Company assumes no responsibility for the effect sufficiency or validity of any assignment.			
<b>3. Release of Assignment as Collateral Security</b>		Name of Assignee	
For value received, the Assignee hereby releases all rights and interests in the above policy/ies to such persons entitled as if the assignment had not taken place.			
A valid release requires Two (2) signature from officers of a corporation; or One (1) signature from an officer and affixture of corporate seal.			
<b>REQUIREMENTS</b> 1. Assignment/Release of Assignment Form 2. Secretary's Certificate of Validation			
<b>NOTES</b> <i>If existing beneficiary/ies is/are IRREVOCABLE, signature and photocopy of two (2) Valid IDs thereof are required. Submit two (2) completed copies to the Company. One (1) copy will be returned upon registration.</i>			
<b>4. Signatures</b>		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	FSA's Code	
<b>5. For Company use only</b>			
Original documents presented		<input type="checkbox"/> Policy Contract <input type="checkbox"/> Valid ID(s)	
Documents received/Signature verified by:		Branch	Date
Please send check to: <i>branch</i>		BOA name	