

1. GROUP FRANCHISE NUMBER	2. COMPANY / GROUP NAME (Please print)
3. COMPLETE ADDRESS	
4. NAME OF AUTHORIZED GROUP SIGNATORY	
5. MOBILE NO.	6. EMAIL ADDRESS

- 7. TYPE OF REQUEST:**
- | | | |
|--|--|---|
| <input type="checkbox"/> Pension Benefit | <input type="checkbox"/> Return of Payment / Living Cash Benefit | <input type="checkbox"/> Plan Termination Value/
Pre-Maturity Benefit / Lump Sum |
| <input type="checkbox"/> Education Benefit | <input type="checkbox"/> Dividend Withdrawal | <input type="checkbox"/> Others, please specify _____ |
| <input type="checkbox"/> Graduation Gift | <input type="checkbox"/> Fund Management Withdrawal | |

8. BANK DETAILS:

Bank Name	Account Number
Account Name	

9. DECLARATION AND SIGNATURE:

- a. I hereby certify and warrant that I have full authority to transact for the settlement of the Plan/s that is/are free from any cashloan;
- b. I am entitled to receive certain benefits (as marked in the above box) for the attached List of Plans ("Annex A"), including any and all succeeding amounts I am further entitled to receive, if any, (the "Benefit") under the terms and conditions of the Plan/s;
- c. I authorize PhilPlans to deposit any and all checks representing the Benefit (the "Benefit Deposit") to the above-shown BANK DETAILS and PhilPlans shall be free and harmless if any error in remittance occurs due to errors in the BANK DETAILS provided;
- d. After the Deposit of any and all Benefit under the Plan to the provided BANK DETAILS, I accept that PhilPlans has fulfilled all its obligations from the Plan/s, and that PhilPlans, its assigns, and successors-in-interest, is held free and harmless, and is hereby released and forever discharged, from all actions, claims, and demands whatsoever that now exist or may hereafter develop. I agree that for concerns relating to the receipt of the Benefit, a deposit slip, credit memo, or its equivalent coming from PhilPlans indicating a credit to the provided BANK DETAILS with an amount equal to the applicable Benefit, shall deemed conclusive proof of the receipt of the applicable Benefit from PhilPlans.
- e. I acknowledge and agree that PhilPlans shall be conclusively presumed to have successfully delivered all benefit checks to me after five (5) years have elapsed from their recorded date of release, and shall not contest the same.
- f. For Maturity Recapture (MatRecap) application, whenever applicable -
 - i. I am authorizing the purchase of a new plan with the maturity benefit, and thus, I understand that the new plan shall immediately be subject to the same rules on pre-termination and/or cancellation.
 - ii. I warrant the finality of the instructions given and I understand that succeeding requests for cancellation will be for the approval of PhilPlans at its sole discretion, upon submission of any such request through the prescribed channels. I also understand that PhilPlans may apply pertinent fees and other charges in the event that the request for cancellation is approved.
 - iii. I understand the instructions that I am providing in this Benefits Settlement Form, and I also understand the benefits and features of the plan that I am purchasing, all these having been explained to me properly and clearly.
- g. My signature indicates that I have reviewed and certified the correctness of all information stated in this form.

I hereby consent, without need of prior notification, to the processing, storage, and disclosure by PhilPlans of all such personal and/or sensitive personal information in this form for the enforcement of my plan contract, and for all purposes deemed fit by PhilPlans, which shall include issuance, implementation and handling insurance policies, direct marketing, profiling, risk management, underwriting and administration of insurance coverage and claims, data analytics and data sharing with PhilPlans. Said consent also extends likewise from those persons whose information I have provided, whose consent I have secured. PhilPlans shall retain the information for the duration of your contract/business with it and for a reasonable time thereafter to comply with its legal obligations.

I understand that as the owner of the data, I may contact PhilPlans at any time during normal business hours and exercise the following rights, among others: (a) to be informed of the type and extent of data in PhilPlans' possession; (b) to have my data disposed of or deleted, subject to the legitimate need of PhilPlans in order to fulfill its contractual obligations to me; (c) to correct or update my data as needed; and (d) to receive a copy of the data within a reasonable time upon request.

I understand that I may contact the Data Protection Officer of PhilPlans at dpo@philplans.com.ph for any concerns involving the data or privacy rights.

I agree that PhilPlans may store all information provided for the duration of the contract and for a reasonable time thereafter.

		DATE:
LONG FORM SIGNATURE OVER PRINTED NAME OF AUTHORIZED GROUP SIGNATORY	SHORT FORM SIGNATURE OVER PRINTED NAME OF AUTHORIZED GROUP SIGNATORY	PLACE:

HANDLING AGENT'S NAME	HANDLING AGENT'S CODE
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REQUIREMENTS SUBMITTED:

- | | |
|--|---|
| <input type="checkbox"/> Benefits Settlement Form and List of Plans (Annex A)
<input type="checkbox"/> Certificate of Full Payment or Certificate of Participation
<input type="checkbox"/> Bank details with proof of recent transactions (passbook, bank statements, or deposit/withdrawal slip)
<input type="checkbox"/> Board Resolution (Corporation)/Sworn Statement of Partners (Partnership)/Certification (Sole Proprietor) authorizing the claim of the Benefit and assigning a group signatory
<input type="checkbox"/> One (1) government issued ID such as Driver's License, Passport, SSS/GSIS or PRC; with three specimen signatures of the Authorized Group Signatory and Corporate Secretary/Partners/Owner | <input type="checkbox"/> DTI Registration (Partnership and Single Proprietorship Entities)
<input type="checkbox"/> Plan Termination Value/Pre-Maturity Benefit/Lump Sum Computation
<input type="checkbox"/> Planholder Contact Information Form (PCIF)
<input type="checkbox"/> Universal Application Form for Maturity Recapture only
<input type="checkbox"/> Special Power of Attorney for Maturity Recapture only
<input type="checkbox"/> Proof of payment for the Processing Fee of Plan Termination application (non-refundable)
<input type="checkbox"/> Others, please specify _____ |
|--|---|

Received by SIGNATURE OVER PRINTED	Date Received:
	Receiving Branch/Department:

Annex A – LIST OF PLAN/S

GROUP FRANCHISE NUMBER	COMPANY / GROUP NAME (Please print)
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Plan Number	Participant

Signature over Printed Name
AUTHORIZED GROUP SIGNATORY

Date