



DISTRIBUTION LIST:
 Copy 1 – Claims and Benefits Dept.
 Copy 2 – Branch Office
 Copy 3 – Planholder

BENEFITS SETTLEMENT FORM (Individual and Salary Allotment Plans)

Form No.CB-018A(062018)

PLEASE ACCOMPLISH THE THREE (3) COPIES. ALL COPIES MUST BE ORIGINALLY ACCOMPLISHED

I am _____ a citizen of _____, of legal age, and a Planholder / Beneficiary of PHILPLANS FIRST, INC., with the following plan details:

Plan Type: Life Pension Education Plan Number: _____

I hereby request for:

<input type="checkbox"/> Pension Maturity Benefit <input type="checkbox"/> Pension – Yearly Cash Benefit <input type="checkbox"/> Education Maturity Benefit <input type="checkbox"/> Lump Sum <input type="checkbox"/> Periodic Settlement <input type="checkbox"/> Graduation Gift <input type="checkbox"/> Education Benefit - Scholastic Achievement Award	<input type="checkbox"/> Return of Premium <input type="checkbox"/> Plan Termination / Pre-Maturity Benefit <input type="checkbox"/> Fund Management Benefit Withdrawal <input type="checkbox"/> Dividend Withdrawal <input type="checkbox"/> Others (please specify) _____
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settlement of my abovementioned plan. I hereby certify and warrant that I have full authority to transact the said Program and that the same is free from any cash loan. I understand that the Company has guidelines with respect to the settlement option I have chosen for my plan and I undertake to abide by the said guidelines and comply with the Company's requirements therefore.

I acknowledge and agree that the check to be released to me is not negotiable outside the Philippines in accordance with Bangko Sentral ng Pilipinas Circular No. 794, Series of 2013, and agree further that I shall be responsible for any fees or charges that may arise due to any such checks being negotiated abroad.

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.

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 manual or automated processing, storage and disclosure by PhilPlans First, Inc. ("PhilPlans"), and its authorized employees and representatives, within or without the Philippines, in accordance with the Data Privacy Act and its implementing rules and regulations, of all such personal and/or sensitive personal information in this form, and all included attachments, solely for all purposes relevant to the enforcement and maintenance 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 assessment, underwriting and administration of insurance coverage and claims, data analytics and data sharing with PhilPlans.

I also agree that my contact details may be utilized by PhilPlans to provide relevant updates of my plan, as well as company and product developments. Said consent also extends likewise from those persons whose information I have provided, whose consent I have secured.

Lastly, I agree that PhilPlans may store the same for the duration of the contract and a reasonable time thereafter.

Dated this _____ day of _____ year _____ at _____, Philippines.

 PLANHOLDER / BENEFICIARY*
 (Long Form Signature over Printed Name)

 PLANHOLDER / BENEFICIARY*
 (Short Form Signature over Printed Name)

***Beneficiary's signature is required if Planholder is deceased**

PhilPlans Branch where check will be claimed: _____

Handling Agent's Name & Signature: _____ Agent's Code: _____

FOR MATURITY RECAPTURE APPLICATIONS ONLY

1. I authorize PhilPlans First Inc., (the Company) to process and execute the instructions stipulated in this document once the maturity benefit of the plan in consideration is available. The Company does not need to re-confirm these instructions at a later time.
2. I authorize the Company to process and execute the same instructions at any time before the maturity date as the Company sees fit and applicable.
3. I understand that these instructions authorize the purchase of a new plan with the maturity benefit, and thus, shall immediately be subject to the same rules on pre-termination and/or cancellation.
4. I understand that upon processing of the benefit at my instructions, I release PhilPlans from all its obligations to me related to the plan.
5. I understand that the instructions given are final and that succeeding requests for cancellation will be for the approval of the Company at its sole discretion, upon submission of any such request through the prescribed channels. I also understand that the Company may apply pertinent fees and other charges in the event that my request for cancellation is approved.
6. I understand that the Company will not be liable for any delay or failure to carry out the standing instructions where such delay or failure is attributable, whether directly or indirectly, to any cause beyond the Company's control. I also understand that the Company shall not, under any circumstances, be responsible to me for any consequential or indirect losses that may arise from said delay or failure, provided, that the Company shall exert all efforts to rectify such delay or failure and comply with the instructions at a later date.
7. **I understand the instructions that I am providing, and the benefits and features of the plan that I am purchasing, the same having been explained to me properly and clearly.**

 PLANHOLDER / BENEFICIARY*
 (Long Form Signature over Printed Name)

 PLANHOLDER / BENEFICIARY*
 (Short Form Signature over Printed Name)

 DATE

REQUIREMENTS SUBMITTED

- | | |
|--|---|
| <input type="checkbox"/> Benefits Settlement Form (3 Copies)
<input type="checkbox"/> Original / photocopy of Certificate of Full Payment*
<input type="checkbox"/> Original Official Receipt for the Processing Fee of Plan Termination Request (non-refundable)
<input type="checkbox"/> Planholder Contact Information Form (PCIF)
<input type="checkbox"/> Universal Application Form for Maturity Recapture | <input type="checkbox"/> Photocopy of 2 valid IDs with 4 specimen signatures of Planholder or Beneficiary
Acceptable IDs - Driver's License, Passport, SSS / GSIS, PRC, and other government issued IDs
<input type="checkbox"/> Special Power of Attorney – for Maturity Recapture only
<input type="checkbox"/> Others, please specify _____ |
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***For periodic settlement, please present original documents upon submission of the photocopy.**

Received by : _____ Printed Name and Signature of BSS/CSA	Date Received: _____	Servicing Branch: _____
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TO BE SIGNED BY PLANHOLDER/REPRESENTATIVE UPON RELEASE OF PLAN BENEFIT CHECK

For and in consideration of the proceeds in the amount of P _____, receipt whereof is hereby acknowledged. **That upon receipt of the final benefit, I declare that PhilPlans has fulfilled all of its obligations to me from this plan, which is now TERMINATED.** I further agree and confirm that the plan shall henceforth cease to be a source of rights and obligations between PhilPlans and myself.

 PLANHOLDER / BENEFICIARY*
 (Long Form Signature over Printed Name)

 PLANHOLDER / BENEFICIARY*
 (Short Form Signature over Printed Name)

 DATE

- Important:**
1. Requirements must be complete. Applications with lacking requirements shall be returned to source.
 2. The check/s must be claimed within 90 days from date of issuance.
 3. Request for reissuance of checks that have become staled shall be subject to processing fee.

Chanely 6.1.2018