



# REISSUANCE AND REPLACEMENT OF CHECK/S REQUEST FORM

Form No. CB-036 (062018)

To Whom It May Concern:

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"/> Reissuance of Check/s <input type="checkbox"/> Replacement of Check/s <input type="checkbox"/> Others (please specify) _____
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Philplans Branch where check will be claimed: \_\_\_\_\_

**I acknowledge and agree that the check to be released to me is not negotiable outside the Philippines in accordance with BangkoSentralngPilipinas 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)
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**\*Beneficiary's signature is required if Planholder is deceased**

For Branch Used Only	
Payee Name :	_____
Check Amount :	_____
Check Number:	_____
Check Date :	_____

Received by : _____ Printed Name and Signature of BSS/CSA	Date Received:	Servicing Branch:
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**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. Check/s Reissuance that has become stale shall be subject to processing fee.
4. Check/s Replacement required processing fee.

*Chandy* 6.1.2018