

APPLICATION FOR TRANSFER OF OWNERSHIP WITH TRANSFER AGREEMENT

DETAILS OF ORIGINAL PLAN (To be filled-out by the Transferor)				
ORIGINAL PLAN HOLDER'S NAME (Please print)		PLAN NUMBER		CFP NO. (If fully paid)
BIRTHDATE (MM/DD/YYYY)	NATIONALITY	PRODUCT NAME	PAYING PERIOD	MATURITY PERIOD
PHONE NUMBER (Please include AREA CODE) ()	MOBILE NUMBER	ORIGINAL NOMINEE (For Education)		NOMINEE'S AGE AT ISSUE (For Education)
MAILING ADDRESS				
REASON FOR TRANSFER			TRANSFEROR'S SIGNATURE	

Document/s Enclosed: (All documents must be submitted in order for transfer of ownership to be processed and approved by PhilPlans)

Original Policy Contract Original Certificate of Full Payment Processing Fee (Non-Refundable) OR No. _____ OR Date _____

PERSONAL INFORMATION OF THE TRANSFEREE		
<i>(Accomplishment of this form by the Transferee shall be treated by PhilPlans as compliance with the Application Form required in the Plan Agreement)</i>		
FIRST NAME	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HONORIFIC <input type="checkbox"/> MR <input type="checkbox"/> MISS <input type="checkbox"/> MRS <input type="checkbox"/> ENGR <input type="checkbox"/> DR <input type="checkbox"/> ATTY
MIDDLE NAME	CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED	
LAST NAME	CITIZENSHIP (if Non-Filipino, please specify) PLANHOLDER _____ SPOUSE _____	
DATE OF BIRTH (MM/DD/YYYY)	PLACE OF BIRTH	MOTHER'S MAIDEN NAME (FIRST NAME, MIDDLE NAME, LAST NAME)
SOURCE OF INCOME	IDENTIFICATION (WITH PICTURE) <input type="checkbox"/> UMID <input type="checkbox"/> SSS <input type="checkbox"/> G SIS <input type="checkbox"/> PASSPORT <input type="checkbox"/> COMPANY ID <input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> OTHERS (Please specify) _____ ID NUMBER: _____	
OCCUPATION (EXACT DUTIES / POSITION) PRIMARY OCCUPATION : _____ PLACE OF WORK : _____ NATURE OF BUSINESS : _____ COMPANY NAME : _____		
CONTACT DETAILS LANDLINE NO. _____ OFFICE TEL NO. _____ CELLPHONE NO. _____ EMAIL ADDRESS _____ PREFERRED MODE OF CONTACT _____	PERMANENT RESIDENCE ADDRESS (No., St., Dist., City, Province, Country, Zip Code) _____ _____ _____	OFFICE/BUSINESS ADDRESS (No., St., Dist., City, Province, Country, Zip Code) _____ _____ _____
PREFERRED BILLING MAILING ADDRESS <input type="checkbox"/> PERMANENT ADDRESS <input type="checkbox"/> OFFICE/BUSINESS ADDRESS		

BENEFICIARIES: (IF NAMED BENEFICIARY BELOW IS BELOW 18 YEARS OLD, PLEASE INDICATE GUARDIAN)				
BENEFICIARY/IES	NAME (FIRST NAME/MIDDLE NAME/LAST NAME)	DATE OF BIRTH (MM/DD/YYYY)	AGE	RELATIONSHIP TO TRANSFEREE
1 PRIMARY				
SECONDARY				
2 GUARDIAN (if applicable)				
NOMINEE (if applicable)				
<small>Note: ¹All listed Primary Beneficiaries shall get equal share of benefits unless otherwise specified. ²Any payment made to the Guardian of any amount payable to the beneficiary while such beneficiary/ies is/are still below age 18 shall discharge PhilPlans from any further liability under the plan contract.</small>				

NO OF DEPENDENTS/CHILDREN <input type="text"/>	EDUCATION LEVEL ATTAINED <input type="checkbox"/> ELEMENTARY <input type="checkbox"/> COLLEGE <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> POSTGRADUATE	RESIDENCE OWNED? <input type="checkbox"/> YES <input type="checkbox"/> NO CAR OWNER? <input type="checkbox"/> YES <input type="checkbox"/> NO	FINANCIAL PRODUCTS OWNED (CHECK ALL APPLICABLE) <input type="checkbox"/> BANK PRODUCT (Savings/Checking/Loan) <input type="checkbox"/> PRE-NEED <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> INVESTMENT PRODUCT (Stocks/Mutual Fund) <input type="checkbox"/> LIFE INSURANCE <input type="checkbox"/> HEALTH CARD (HMO)
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DECLARATIONS AND REPRESENTATIONS OF THE TRANSFEREE (FOR PLANS WITH INSURANCE BENEFITS)		
I would like to apply for <input type="checkbox"/> WITH Insurance Benefit <input type="checkbox"/> NO insurance Benefit		DETAILS OF YES ANSWERS INCLUDE DATE, DIAGNOSIS, DURATION OF ILLNESS, RESULT OF TREATMENT OR TEST DONE AND NAMES/ADDRESSES OF ATTENDING PHYSICIANS AND MEDICAL FACILITIES.
PRESENT HEIGHT <input type="text"/> <input type="checkbox"/> ft <input type="checkbox"/> cm	PRESENT WEIGHT <input type="text"/> <input type="checkbox"/> lbs <input type="checkbox"/> kgs	
YES	NO	DECLARATION AND REPRESENTATIONS
		I am neither below 18 nor over the acceptable age as specified in the contract of the plan I am applying for.
		During the past years, has the applicant consulted a physician for medical treatment, had any laboratory or other diagnostic test or sought medical advice for treatment or been confined in a hospital, clinic or similar institutions?
		Has the Applicant ever taken habit-forming drugs, alcohol, drinks of smoked cigarettes? (If YES, please specify and indicate amount/portions, frequency and durations/length of time.
		Does the Applicant have any abnormality or impairment in his health or physical conditions?
		Has the Applicant ever engaged in motor sports, parachuting, and underwater driving?

It is understood and agreed that the issuance and continuance of the insurance on this application are based on the truth of the foregoing representations, and are subject to the provisions of the Group Life Insurance Policy/Policies issued by the Insurance Company/ies to PHILPLANS FIRST, INC. ("PhilPlans").

I hereby authorize any physician, hospital, clinic and insurance company or other organization, institution or person, that has any record or knowledge of me, to give PhilPlans any and all information about me with reference to my health, medical history, confinement, advice, diagnosis, treatment, disease or ailment, and driving history. This authorization is made in connection with this transfer of ownership application. I hereby agree that a photographic copy of this authorization shall be as valid as the original. **I agree that if I am not insurable, the Plan will be transferred to me without the insurance coverage, if any.**

WITNESS / TRANSFEROR
SIGNATURE OVER PRINTED NAME

TRANSFEREE
SIGNATURE OVER PRINTED NAME

TRANSFER AGREEMENT

For valuable consideration received, I, _____ (the "Transferor"), a _____ citizen, of legal age, and residing at _____ Philippines, do hereby cede, transfer, and assign all of my rights, interests and privileges in and to Plan Contract No. _____ with plan specifications detailed above (the "Plan") issued by PhilPlans First, Inc. ("PhilPlans") to _____ (the "Transferee"), _____ citizen, of legal age, and residing at _____, Philippines, in accordance with the following terms and conditions:

- 1. **Effectivity of Transfer.** The parties hereby acknowledge that the transfer of the Plan from the Transferor to the Transferee shall not take effect until the transfer is recorded and approved by PhilPlans and a new Plan Contract is issued by PhilPlans to the Transferee. Pending the approval of the transfer of the Plan by PhilPlans, all rights and benefits thereunder shall remain with and be payable to the Transferor. PhilPlans reserves the right to withhold or refuse the assignment of the Plan only if such transfer will unduly prejudice PhilPlans or expose it to litigation or administrative penalty.
2. **Release from Liability.** Upon approval of the transfer of the Plan, the Transferor shall cease to have any rights, interests and privileges in and to the Plan and PhilPlans shall be released from any and all liabilities and obligations to the Transferor in relation to the Plan.
3. **Counterparts.** This Agreement may be executed in counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. Any single counterpart or set of counterparts signed in either case by any of the parties hereto shall constitute a full and original agreement for all purposes.

I hereby certify and warrants that I have full authority to cede, transfer, convey and assign the Plan and that the same is free from any liens and encumbrances. If I am married, such authority is either exercised with the full consent of my spouse or in my own capacity as sole administrator and owner of the Plan, proof of which is hereby attached.

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, 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.

I HEREBY CERTIFY THAT I HAVE FULLY READ AND UNDERSTOOD THE BENEFITS AND FEATURES OF THIS PLAN AND AGREE TO BE BOUND BY THE PROVISIONS OF THE PLAN CONTRACT.

WITH MY MARITAL CONSENT:

SPOUSE
(Signature over printed name)

1. _____
TRANSFEROR
(Signature over printed name)

2. _____
TRANSFEROR
(Signature over printed name)

CONFORME:

I, _____, the Transferee of the Plan, hereby certify that the foregoing information as to the personal circumstances of the Transferor from whom I derived my title to the Plan and all my personal information, declarations and representations as well as all information pertaining to my nominee, if any, are true and correct.

I am aware that only the plan benefits less availments, if any, are transferred to me. It is agreed that PhilPlans shall pay only the plan benefits incurred on or after the date of approval and issuance of a new Plan Contract and Certificate of Full Payment in my name.

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, and its authorize d 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.

I HEREBY CERTIFY THAT I HAVE FULLY READ AND UNDERSTOOD THE BENEFITS AND FEATURES OF THIS PLAN AND AGREE TO BE BOUND BY THE PROVISIONS OF THE PLAN CONTRACT.

TRANSFEEEE
(Signature over Printed Name)

SPECIMEN SIGNATURES OF THE TRANSFEEEE

Table with 2 columns: LONG FORM SIGNATURE, SHORT FORM SIGNATURE. Rows 1 and 2 for specimen signatures.

SIGNED IN THE PRESENCE OF:

(Signature over printed name)

(Signature over printed name)

REPUBLIC OF THE PHILIPPINES)
_____) S.S
_____)

Before me, the undersigned Notary Public for and in _____, this _____ day of _____ personally appeared:

Name : _____ Valid ID _____ / Number _____ / Exp Date _____

Name : _____ Valid ID _____ / Number _____ / Exp Date _____

Known to me and to me known to be the same persons who executed the foregoing Agreement, and acknowledged to me that they executed the same as their own free and voluntary act and deed.

IN WITNESS WHEREOF, I have set my hand and affixed my seal at _____, Philippines, this _____ day of _____, 20_____.

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of _____.

NOTARY PUBLIC

Handwritten signature and date: Cleanly 6.1.2018