

# AUTHORITY TO DEPOSIT, PROVISIONAL QUITCLAIM, AND ACKNOWLEDGMENT RECEIPT FOR GROUP ACCOUNTS

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|--|---|
| <input type="checkbox"/> Pension Benefits                        | <input type="checkbox"/> Withdrawal of Benefit from Fund Management |
| <input type="checkbox"/> Education Benefits                      | <input type="checkbox"/> Dividend Withdrawal                        |
| <input type="checkbox"/> Living Cash Benefit / Return of Payment | <input type="checkbox"/> Plan Termination                           |
| <input type="checkbox"/> Others _____                            |   |

**NOTE: This form is not applicable for Cash Loan**

I, \_\_\_\_\_, with business address at \_\_\_\_\_  
\_\_\_\_\_, after being duly sworn  
in accordance with law, hereby state that:

- I am the duly authorized signatory and representative of the planholders with plans enumerated in the List of Plan/s (the "**Plan**") attached hereto as Annex "A" of the group \_\_\_\_\_ issued with Group Plan. No. \_\_\_\_\_ (collectively, the "**Group**"), and issued by PhilPlans First, Inc. ("**PhilPlans**") whereby the Group is entitled to receive certain benefits (*as marked in the above box*) amounting to \_\_\_\_\_ Pesos (PhP \_\_\_\_\_) as of date \_\_\_\_\_, including any and all succeeding amounts the Group is further entitled to receive, if any, (the "**Benefit**") under the terms and conditions of the Plan, and for this purpose, my acts and statements bind the Group completely;
- I authorize PhilPlans to deposit any and all checks representing the Benefit (the "**Benefit Deposit**") to \_\_\_\_\_ (*indicate Savings or Checking*) Account No. \_\_\_\_\_ with \_\_\_\_\_ (*indicate bank name*) (the "**Bank Account**"). I hereby certify that the Bank Account Information (the "**Information**") is true and accurate; that PhilPlans may rely on the Information for all lawful purposes; and that the Group and I hold PhilPlans free and harmless if any error in remittance occurs due to errors in the Information provided.
- Subject to the Benefit Deposit by PhilPlans to the Group's Bank Account, I hereby acknowledge full receipt of each and every Benefit duly deposited by PhilPlans; *Provided*, that a deposit slip or its equivalent supplied by PhilPlans indicating a credit to the Group's Bank Account equal to the applicable Benefit shall be deemed conclusive proof of the Group's receipt of the applicable Benefit from PhilPlans;
- Immediately upon the remittance of the Benefit Deposit to the Group's Bank Account of its last remaining Benefit under the Plan, I thereafter declare that PhilPlans has fulfilled all of its obligations from this Plan, which is now terminated, for which I hereby release and forever discharge PhilPlans from all actions, claims and demands whatsoever that now exist or may hereafter develop, including all known, unknown and unanticipated claims arising out of the Group's receipt of any and all Benefits it has received under the Plan pursuant to this *Authority to Deposit, Provisional Quitclaim, and Acknowledgment Receipt* (the "**Authority**");
- Further, I undertake to defend, to hold free and harmless, to assume all liabilities in favor of, and to reimburse whenever necessary, PhilPlans, its assigns and successors-in-interest, from and for all claims, liabilities, demands, damages, deficiencies, costs and expenses of whatever kind or nature in connection with any civil, criminal, administrative or investigative action, suit or proceeding to which PhilPlans may be subject by reason of, or arising from, our receipt of any and all benefits received pursuant to this Authority;
- I agree that PhilPlans may bring action to seek an award for damages resulting from our breach of any provision of this Authority, and such award includes, but is not limited to, the return of whatever sums, including Benefits, we have received and were thus duly paid to the Group by virtue hereof.
- I finally declare that I have read this entire document, the contents of which have been explained to me and which I acknowledge to understand, and that all authorities herein given are made by me willingly, voluntarily and with full knowledge of my and the Group's rights under the law.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature over Printed Name  
**Group Authorized Signatory**

Email: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

# Annex A – LIST OF PLAN/S

Plan Number	Participant	Benefit Amount

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Signature over Printed Name  
**Group Authorized Signatory**