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BENEFITS SETTLEMENT FORM (Group Plans)

Form No. CB-018B(062018)

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

To Whom It May Concern:

We, _____, a corporation / single proprietor entities /

(name of company)

partnership / association / barangay and Planholder of PHILPLANS FIRST, INC. with the following plan details:

Plan Type: [] Life [] Pension [] Education Franchise Number: _____

We hereby request for:

Grid of checkboxes for benefit options: Pension Maturity Benefit, Pension - Yearly Cash Benefit, Education Maturity Benefit, Lump Sum, Periodic Settlement, Graduation Gift, Education Benefit - Scholastic Achievement Award, Return of Premium, Plan Termination / Pre-Maturity Benefit, Fund Management Benefit Withdrawal, Dividend Withdrawal, Others (please specify)

settlement of the attached plans. We hereby certify and warrant that we have full authority to transact the said Program. We understand that the Company has guidelines with respect to the settlement option we have chosen for our plan/s and we undertake to abide by the said guidelines and comply with the Company's requirements therefore.

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

We acknowledge and agree that PhilPlans shall be conclusively presumed to have successfully delivered all benefit checks to us after five (5) years have elapsed from their recorded date of release, and shall not contest the same.

Our signature indicates that we have reviewed and certified the correctness of all information stated in this form.

We 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 our 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.

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

Lastly, we 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.

AUTHORIZED REPRESENTATIVE (Long Form Signature over Printed Name)

AUTHORIZED REPRESENTATIVE (Short Form Signature over Printed Name)

PhilPlans Branch where check/s will be claimed: _____

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

FOR MATURITY RECAPTURE APPLICATIONS ONLY

- 1. We 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. We 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. We 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. We understand that upon processing of the benefit at my instructions, we release PhilPlans from all its obligations to us related to the plan.
5. We 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. We also understand that the Company may apply pertinent fees and other charges in the event that our request for cancellation is approved.
6. We 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. We also understand that the Company shall not, under any circumstances, be responsible to us 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. We understand the instructions that we are providing, and the benefits and features of the plan that we are purchasing, the same having been explained to me properly and clearly.

AUTHORIZED REPRESENTATIVE (Long Form Signature over Printed Name) AUTHORIZED REPRESENTATIVE (Short Form Signature over Printed Name) DATE

REQUIREMENTS SUBMITTED

- [] Benefits Settlement Form (3 Copies) [] Notarized Sworn Statement from partners - (Partnership)
[] List of Plans for Benefits Request [] Letter from the Owner on the company's Official Letter Head - (Single Proprietor Entities)
[] Original / Photocopy of Certificate of Participation [] Barangay Resolution - (Barangay)
[] Original / Photocopy of Certificate of Full Payment [] Photocopy of DTI Registration - (Partnership and Single Proprietor Entities)
[] Original Official Receipt for the Processing Fee of Plan Termination Request (non-refundable) [] Photocopy of 2 valid IDs with 4 specimen signatures of Authorized Representative, Authorized signatory and Corporate Secretary Acceptable IDs - Driver's License, Passport, SSS / GSIS, PRC, and other government issued IDs
[] Planholder Contact Information Form (PCIF) [] Others, please specify _____
[] Special Power of Attorney - for Maturity Recapture only
[] Group Application Form with List of Participants
[] Board Resolution OR Secretary's Certificate - (Corporation)

Received by: _____ Date Received: _____ Servicing Branch: _____
Printed Name and Signature of BSS/CSA

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

AUTHORIZED REPRESENTATIVE (Long Form Signature over Printed Name) AUTHORIZED REPRESENTATIVE (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.

Handwritten signature and date: Chanedy 6.1.2018