

AUTHORITY TO DEPOSIT, PROVISIONAL QUITCLAIM AND ACKNOWLEDGMENT RECEIPT

<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, _____, of legal age, _____ citizen, and residing at _____, after being duly sworn in accordance with law, hereby state:

- I am the **Beneficiary** of _____ Plan No. _____ (the "**Plan**") issued by PhilPlans First, Inc. ("**PhilPlans**") under which I am entitled to receive certain benefits (as marked in the above box) amounting to _____ Pesos (PhP _____), including any and all succeeding amounts I am further entitled to receive, if any, (the "**Benefit**") under the terms and conditions of the Plan;
- I authorize PhilPlans to deposit any and all checks representing my Benefit (the "**Benefit Deposit**") to my _____ (indicate *Savings* or *Checking*) Account No. _____ with the _____ (indicate *bank name*) (the "**Bank Account**"). I hereby certify that this account information is true and accurate, that PhilPlans may rely on the same for all lawful purposes, and 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 my 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 my Bank Account with an amount equal to the applicable Benefit shall be deemed conclusive proof of my receipt of my applicable Benefit from PhilPlans;
- Immediately upon the happening of the Benefit Deposit to my Bank Account of my 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 my receipt of any and all Benefits I have 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, my 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 my breach of any provision of this Authority, and such award includes, but is not limited to, the return of whatever sums, including Benefits, I have received and were thus duly paid to me 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 the all authorities herein hereby given are made by me willingly, voluntarily and with full knowledge of my rights under the law.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____ 20____.

Signature over printed name

Email: _____

Mobile No. _____