



TIN: 007-884-672-000

**VARIABLE LIFE POLICY  
FUND WITHDRAWAL/SURRENDER FORM**

**IMPORTANT NOTICE:** This form must be received by the Head Office by **3:00PM** on a business day, otherwise it shall be deemed to be received on the next business day.

**GENERAL INFORMATION**

Policy Owner: (Last Name, First Name, M.I.)	Policy Number:
Home Address:	Email Address:
Home Phone Number:	Mobile Phone Number:

Please tick (check) one  below:

**PART A. PARTIAL WITHDRAWAL**

I/We wish to apply for partial withdrawal as indicated below:

FUND	AMOUNT / PERCENTAGE

**NOTES:**

- This request for partial withdrawal will not be accepted unless the following conditions are met:
  - Minimum amount to be surrendered is the lower of **PhP10,000.00** or the entire value of the fund.
  - Using bid prices prior to the receipt of this request as a basis, the minimum fund balance after partial withdrawal is **PhP15,000.00**.
- Units will be cancelled at the bid prices applicable on the next valuation date provided this request is received by Client Services Department on or before the set cut-off schedule. If the maximum amount is to be withdrawn from a fund, please indicate "entire balance" against that fund.
- Withdrawal Charge of 5%, 4%, 3%, 2% and 1% will apply if withdrawal is made on the 1st, 2nd, 3rd, 4th and 5th year, respectively. Starting on the 6th year, the first withdrawal in each policy year is free. Thereafter, withdrawal fee is **PhP200.00**.
- Indicate if the value is in absolute amount or percentage.

**PART B. FULL SURRENDER**

I/We apply to fully surrender my/our policy and discharge Etiqa Philippines from all liabilities on my/our policy.

Reason for withdrawal: \_\_\_\_\_

\_\_\_\_\_

**NOTE:** Surrender Charge of 5%, 4%, 3%, 2% and 1% will apply if full withdrawal is made on the 1st, 2nd, 3rd, 4th and 5th year, respectively. No surrender charge for policy surrendered from 6th year onwards.



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**DECLARATION:**

1. I/We represent that the foregoing statements are true and complete and that all exceptions have been stated.
2. I/We declare that the policy has no existing collateral assignment at the time of withdrawal/surrender.
3. I/we am/are not an undischarged bankrupt(s) nor have committed any act of bankruptcy within the last twelve (12) months and that no receiving order or adjudication order.
4. I/We further agree that the above transaction shall be an amendment to and form part of the original application of the Policy issued thereunder, if any, and that it shall be binding on any person who shall have or claim any interest under such Policy/Agreement.
5. In case of apparent errors or omissions discovered by the Company in the foregoing request, I/We hereby authorize Etiqa Philippines to correct or complete this request for amendment of the Policy and I/We agree that if the Policy/Agreement is changed in accordance with such amended request, my/our acceptance of any Policy/Agreement so amended or reissued will constitute my/our conformity and ratification of any correction in or addition to this request made by the said Company in the space provided for.

Signature of Policy Owner:	Printed Name:	Date of Signing: (mm/dd/yyyy)
Signature of Agent/Witness:	Printed Name:	Agent's Code
Address of Agent/Witness:		Unit Name:
Place of Signing:		Date of Signing: (mm/dd/yyyy)
Signature of Irrevocable Beneficiary, if any:	Printed Name:	Date of Signing: (mm/dd/yyyy)
Signature of Irrevocable Beneficiary, if any:	Printed Name:	Date of Signing: (mm/dd/yyyy)
Signature of Agent/Witness:	Printed Name:	Agent's Code
Address of Agent/Witness:		Unit Name:
Place of Signing:		Date of Signing: (mm/dd/yyyy)
Requirements: 1. Photocopy of two (2) current valid ID 2. Processing Fee, if applicable 3. Policy Contract for full surrender		
Received by:	Processed by:	Approved by: