

BENEFITS SETTLEMENT FORM

(Individual and Salary Allotment Plans)

I am _____ a citizen of _____ of legal age and a Planholder / Beneficiary of PHILPLANS FIRST, INC., with the following plan details:

Plan Type: Life Pension Education Plan Number: _____

I hereby request for:

<input type="checkbox"/> Pension Maturity Benefit	<input type="checkbox"/> Return of Premium
<input type="checkbox"/> Pension – Yearly Cash Benefit	<input type="checkbox"/> Plan Termination / Pre-Maturity Benefit
<input type="checkbox"/> Education Maturity Benefit	<input type="checkbox"/> Fund Management Benefit Withdrawal
<input type="checkbox"/> Lump Sum <input type="checkbox"/> Periodic Settlement <input type="checkbox"/> Graduation Gift	<input type="checkbox"/> Dividend Withdrawal
<input type="checkbox"/> Education Benefit - Scholastic Achievement Award	<input type="checkbox"/> Others (please specify) _____

settlement of my abovementioned plan. I hereby certify and warrant that I have full authority to transact the said Program and that the same is free from any cash loan. I understand that the Company has guidelines with respect to the settlement option I have chosen for my plan and I undertake to abide by the said guidelines and comply with the Company's requirements therefore.

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

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 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 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.

_____ PLANHOLDER / BENEFICIARY* <i>(Long Form Signature over Printed Name)</i>	_____ PLANHOLDER / BENEFICIARY* <i>(Short Form Signature over Printed Name)</i>	_____ DATE
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***Beneficiary's signature is required if Planholder is deceased**

Handling Agent's Name & Signature: _____

Agent's Code: _____

FOR MATURITY RECAPTURE APPLICATIONS ONLY

- I 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.
- I authorize the Company to process and execute the same instructions at any time before the maturity date as the Company sees fit and applicable.
- I 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.
- I understand that upon processing of the benefit at my instructions, I release PhilPlans from all its obligations to me related to the plan.
- I 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. I also understand that the Company may apply pertinent fees and other charges in the event that my request for cancellation is approved.
- I 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. I also understand that the Company shall not, under any circumstances, be responsible to me 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.
- I understand the instructions that I am providing, and the benefits and features of the plan that I am purchasing, the same having been explained to me properly and clearly.**

_____ PLANHOLDER / BENEFICIARY* <i>(Long Form Signature over Printed Name)</i>	_____ PLANHOLDER / BENEFICIARY* <i>(Short Form Signature over Printed Name)</i>	_____ DATE
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REQUIREMENTS SUBMITTED

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| <input type="checkbox"/> Benefits Settlement Form | <input type="checkbox"/> One (1) government issued ID - Driver's License, Passport, SSS, UMID, GSIS, PRIC ID |
| <input type="checkbox"/> Certificate of Full Payment | <input type="checkbox"/> Authority to Deposit |
| <input type="checkbox"/> Plan Contract | <input type="checkbox"/> 3 Specimen Signatures |
| <input type="checkbox"/> Original Official Receipt for the Processing Fee of Plan Termination Request (non-refundable) | <input type="checkbox"/> Special Power of Attorney – for Maturity Recapture only |
| <input type="checkbox"/> Planholder Contact Information Form (PCIF) | <input type="checkbox"/> Others, please specify _____ |
| <input type="checkbox"/> Universal Application Form for Maturity Recapture | |

Received by: _____ Printed Name and Signature	Date Received: _____	Receiving Branch/Department: _____
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