



Partial Withdrawal Form

Instructions: Please fill out this form and indicate "N/A" if the question is not applicable.

DO NOT leave any portion BLANK. Attach a copy of a valid ID of the signatory/ies and send it to AskMe@troo.life.

Policy Number/s

Policy Owner Information

Last name

First name

Middle name

Mobile number

Email address

Are you a citizen, resident, or permanent resident alien (Green Card holder) of the United States of America (US)?

Yes (Fill out IRS Form W9 - Request for Taxpayer Identification and Certification)

No

No, but I have any of the following (Fill out the appropriate IRS Form W-8):

US place of birth

US resident/mailling address

US telephone number

Standing instruction to transfer funds to an account maintained in the US

Power of Attorney or signatory authority granted to a person with US address, or "in care of" or "hold mail" address"

Present address (P.O. Box is not acceptable)

Unit no.

Floor

Building name

House/Building no.

Street name

Barangay/District

City/Municipality

Postal code

Province

Region

Country

Requested Transaction

Please choose your preference, whether you'd like your Partial Withdrawal in number of units or the amount in Pesos/Dollars.

PARTIAL WITHDRAWAL		
Fund	Units	Amount
Bond Fund		
Balanced Fund		
Equity Fund		
Asian Equity Fund		
Other: _____		

Reason for Partial Withdrawal

REMINDERS

1. You can choose the amount or number of units you wish to withdraw per fund.
2. A Withdrawal Charge may be imposed on your transaction. Please refer to your Policy Contract for the applicable charges.
3. Minimum withdrawal is ₱10,000 per fund or its equivalent number of units.
4. The Account Value of the source fund should not fall below ₱5,000 per fund after the withdrawal, otherwise the entire Account Value will be withdrawn.

Payment Instructions: Please choose your preference.

E-Settle to your bank account

Name of bank and branch

Account name

Account number

Note: Your bank might have inward charges, please check with them. For Philippine Peso payouts, please elect a Philippine Peso account. For dollar payouts, kindly elect a dollar account.

Pick up check

EastWest Store

Note: We only allow checks for Policy Owners with no bank account.

DECLARATIONS

1. All foregoing statements and exceptions (if any) are complete and accurate.
2. I have read and understood the important reminders indicated above.
3. East West Ageas Life Insurance Corporation will use the price on the next Pricing Date to sell units in my account/s upon approval of this application.
4. This application will not be effective until it has been officially received and approved by East West Ageas Life Insurance Corporation.

Signed at _____ this _____ day of _____ 20_____

Printed name and signature of witness

Printed name and signature of Policy Owner

Printed name and signature of Irrevocable Beneficiary, if any

Printed name and signature of Assignee, if any

NOTES:

1. This section must be signed by the Policy Owner, the Assignee and all Irrevocable Beneficiaries. If the Irrevocable Beneficiary is below 18 years of age, the child's guardian should sign on behalf.
2. For Corporate Policy Owners, kindly submit a board resolution and secretary certificate authorizing this transaction and to identify the signatory/ies of the corporation who shall sign this form as the Policy Owner.
3. If this form will be signed outside the Philippines, please have the form authenticated by the nearest Philippine Consul in your locality.