



Policy Surrender Form

Indicate "N/A" if question is not applicable. DO NOT leave any portion BLANK.

Policy No.

Policy owner

Insured

Title

Last name

First name

Middle name

Preferred name

Gender

Male Female

Date of birth

M	M	D	D	Y	Y	Y	Y
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Place of Birth

Nationality

Marital status

Single Widow(er)
 Married Divorced or Annulled
 Separated

SSS/GSIS number

TIN

Explain reason of unavailability of SSS, GSIS, TIN

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

Yes No

Mobile number

Other phone number

Email

Occupation (Describe duties and rank)

Primary Occupation:
Name of Employer:
Nature of Business:
Business Address:

Average monthly income

Source of funds

Salary Business Savings
 Other

Residential address (permanent) **P.O. Box is not acceptable**

Unit no.	Floor	Building name	House/Building no.	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Barangay/District		City/Municipality	Postcode	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Province		Region	Country	
<input type="text"/>		<input type="text"/>	<input type="text"/>	

Present address (if different from Permanent Address) **P.O. Box is not acceptable**

Unit no.	Floor	Building name	House/Building no.	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Barangay/District		City/Municipality	Postcode	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Province		Region	Country	
<input type="text"/>		<input type="text"/>	<input type="text"/>	

Policyowner/Trustee/Assignee's Acknowledgment

Were you advised by a Troo Advisor to withdraw this policy? Yes No
If "Yes", please ask our Troo Advisor to complete the "Troo Advisor's Acknowledgment" below.

REASON FOR WITHDRAWAL	
Reason for full withdrawal	Method of Payment <input type="radio"/> Check <input type="radio"/> Fund Transfer (accomplish Fund Transfer Agreement) Note: Checks and fund transfers will require an existing account held by the Policyowner in the same currency

REMINDERS:
<ol style="list-style-type: none">1. A withdrawal charge may be imposed on your transaction. Please refer to your policy contract for the applicable charges.2. Your insurance coverage will end on the date we receive your signed request for policy surrender.3. The full net withdrawal value is equal to the total account value less any unpaid indebtedness and applicable withdrawal charges.

DECLARATIONS
<ol style="list-style-type: none">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. <p>Signed at _____ this _____ day of _____ 20 _____</p>

IMPORTANT REMINDERS

What you should know about early (full/partial) withdrawal of your variable life policy:

An insurance policy is intended to meet your long-term financial needs. Therefore, in fully or partially withdrawing a policy before its maturity date, you are losing valuable benefits. It may not be possible for you to obtain a similar level of protection on the same terms in the future.

Additional Charges/Fees Variable Life

If you withdraw your variable life policy, fully or partially, and then buy a new policy or other investment product, or top up on your existing variable life policy or other investment product, you will incur new charges.

Fund Switching Facility

When the fund you have bought is not meeting your initial or current investment objective, you may switch to other fund(s) offered by the Company.

Changes in Terms and Condition

Withdrawing your insurance policy for another policy could result in loss of specific policy features due to changes in age or health or engaging in hazardous occupation/avocation.

Printed name and signature of witness

Printed name and signature of Policyowner

Printed name and signature of irrevocable beneficiary

Printed name and signature of Assignee

FOR SERVICING-INTERMEDIARY ONLY

Troo Advisor's Acknowledgement

"I have explained to the Policyowner/Trustee/Assignee the alternative options available and the implications of early withdrawal of the variable life insurance policy." I have recommended the partial fund withdrawal for the following reasons:

Printed name and signature Troo Advisor

Troo Advisor's Code

NOTE:

- (1) If there is more than one irrevocable beneficiary or assignee, indicate signatures at the back of the form.
- (2) This section must be signed by the Policy Owner, the assignee, and all irrevocable beneficiaries, if any. If any of the irrevocable beneficiaries is below 18 years of age or has passed away, additional documents will be required.
- (3) If this form will be signed outside the Philippines, please have the form authenticated by the nearest Philippine Consul in your locality.