



MANILA BANKERS LIFE INSURANCE CORP.
 VGP Center,
 6772 Ayala Avenue, Makati City
 Tel. No. (02)8810-1040 / 8810-1051

REQUEST FOR WITHDRAWAL FROM PREMIUM DEPOSIT FUND

Name of Insured/Policy Owner:			
		(please print)	
Policy Number:		Date:	

To Customer Service Department:

I hereby request the withdrawal from my Premium Deposit Fund in the amount of _____ (P_____).

Amount in words

REASON FOR WITHDRAWAL

- Need Cash
- Planning to buy a new policy.
- Switch to other investment outlet _____
- Others, please specify _____

PAYMENT DETAILS/OPTIONS:		
<input type="checkbox"/> Pick-up Check		
<input type="checkbox"/> Deposit to Bank Account	Account Name*	
	Account Number	
	Bank Name	
	Branch/Address	

* Account name must be in the name of the Investor/Policy Owner.

Attached are the following requirements:

- Photocopy of two (2) valid Government Issued ID with specimen signatures.
- Others, please specify _____

 Signature of Insured/Policy Owner
 over printed name

FOR OFFICE USE ONLY:		
Processed by:	Reviewed/Endorsed by:	Approved by:
Name:	Name:	Name:
Date:	Date:	Date: