



Right
Thumbmark

Printed Name & Signature of Planholder/Beneficiary

Signature Verified

Printed Name & Signature

Please check the transaction requested

- Pension Benefit Premium Refund
- Education Benefit Pre-Maturity
- Active Pension Benefit

Payout Information	Computation
<p>Plan Number: _____</p> <p>Payout Option:</p> <p><input type="checkbox"/> Cash pickup at any BPI branch</p> <p><input type="checkbox"/> Credit to BPI Account: _____</p> <p><input type="checkbox"/> Credit to Non-BPI Account</p> <p style="margin-left: 40px;">Bank Name: _____</p> <p style="margin-left: 40px;">Account No.: _____</p> <p>Mobile no. _____</p>	<p style="text-align: center;"><i>(for head office use only)</i></p> <p style="text-align: center;">AMOUNT PAYABLE ⇨</p>

Received by:	Process Date:	Processed by:	Approved by:
Date	<i>(with amendment only)</i>	Date	Date

1. Subject to the Data Privacy Act (RA 10173) and the corresponding banking/insurance regulations, I/we agree that the Company and/or its agents may process, obtain, collect, record, organize, store, update, modify, use, access, share and/or disclose ("Process"), information relating to me/us and/or my/our Plan(s) in order to (a) facilitate, monitor, improve the quality of, or otherwise service my account and such products, services, facilities and/or channels availed by me/us, and/or (b) to comply with legal, regulatory or other obligations of the Company under applicable local or foreign laws, rules and regulations (including but not limited to those relating to anti-money laundering, exchange of information among tax authorities, the United States Foreign Account Tax Compliance Act [FATCA] and/or common reporting standards) or as may otherwise be required by correspondent banks and/or financial industry bodies or associations, whether local or foreign. As used herein, the term "Company" shall include the parent BPI and its local or foreign branches, subsidiaries and affiliates (collectively, the BPI Group of Companies), and their respective agents, representatives and outsourced service providers and their respective outsourced providers under an obligation of confidentiality.

2. Represent and warrant that all such information and/or documentation provided to Ayala Plans are true, correct, and not misleading.

Printed Name & Signature of Planholder/Beneficiary

Date Received