



Printed Name & Signature of Planholder/Beneficiary _____

Signature Verified _____

Printed Name & Signature _____

Please check the transaction requested:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Active Pension Benefit | <input type="checkbox"/> Installment Refund | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Education Benefit | <input type="checkbox"/> NB Refund | <input type="checkbox"/> Pre-maturity |
| <input type="checkbox"/> Pension Benefit | <input type="checkbox"/> RI Refund | |

RIGHT THUMB MARK

Plan Information	Computation
Plan number: _____ Payout option: <input type="checkbox"/> Cash pickup at any BPI or BPI Family Savings Bank branch or; <input type="checkbox"/> Credit to BPI Account: _____ Mobile number: _____	⇨ AMOUNT PAYABLE ⇨

Prepared by	Reviewed by	Approved by	Approved by
Date	Date	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 _____