PNB Life Insurance, Inc.

Policy No. ☐☐☐ ☐☐☐ ☐☐☐

| FLEXI-FUND WITHDRAWAL |
|---|
| Policyowner |
| Insured |
| Amount of withdrawal |

I/We, the undersigned owner/s and/or irrevocable beneficiary/ies/assignee of the above policy would like to withdraw the above stated amount from our Flexi-Fund. I/We understand that if the Flexi-Fund balance after the withdrawal falls below the minimum requirement of PNB Life Insurance, Inc., the Flexi-Fund Rider shall terminate and any remaining balance of the fund shall be returned to me as provided in the Rider.

Signed at _____ this _____ day of _____ 20 _____ .

| | |
|---|---|
| _____<br>Printed name and signature of witness | _____<br>Printed name and signature of Policyowner |
| _____<br>Printed name and signature of witness | _____<br>Printed name and signature of Insured |
| _____<br>Printed name and signature of irrevocable beneficiary | _____<br>Printed name and signature of irrevocable beneficiary |

| FOR HOME OFFICE USE ONLY | |
|---|---|
| No. of withdrawals during the year (including this one) | |
| Beginning fund balance as of date of withdrawal | ₱ |
| Less: Amount of withdrawal | ₱ |
| Withdrawal charge | ₱ |
| **Fund balance after withdrawal** | ₱ |
| Prepared by :<br>Date : | Verified by :<br>Date : |

| ACKNOWLEDGMENT RECEIPT | |
|---|---|
| Check Number | Bank/Branch |
| Check Date | Check Amount |
| Printed name and signature of Policyowner/Representative | Date Received |

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