



**PNB Life Insurance, Inc.**

**PNB Life**

*Providing New Beginnings  
in your life*

Policy No. ✓

**FUND TRANSFER AGREEMENT**

I hereby agree that the amount of (Php/USD) \_\_\_\_\_ ✓ \_\_\_\_\_ representing the proceeds of my \_\_\_\_\_ ✓ \_\_\_\_\_ will be transferred to my account, with details indicated below:

Bank Name:	✓		
Bank Address/Branch:	✓		
Bank Account Number:	✓	Account Currency:	✓
Bank Account Name:	(Please indicate exact account name) ✓		

**If Joint Account:**

Co-depositor's Name:	Type of Account: (Please check 1 box)	<input type="checkbox"/> and / or	<input type="checkbox"/> and
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**If Payroll Account:**

Please provide SSS Number (mandatory information requirement)	<input type="text"/>
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**Peso Mode of Transfer and Charges for other bank transfers i.e. account to be credited is not with Allied Banking Corporation. Please select one.**

<input type="checkbox"/>	<b>RTGS - Same Day Transfer with fee of PHP350.00</b>	Printed Name and Signature of Policyowner:	<input type="text"/>	Signature Verified
<input type="checkbox"/>	<b>PCHC - 3 Day Transfer with fee of PHP150.00</b>	Printed Name and Signature of Policyowner:	<input type="text"/>	Signature Verified

<b>DATE:</b>	<b>PRINTED NAME AND SIGNATURE OF POLICYOWNER:</b>	
✓ <input type="text"/>	✓ <input type="text"/>	Signature Verified

**NOTE:**

✓ **MANDATORY FIELDS**

**WHERE APPLICABLE, SHADED FIELDS ARE MANDATORY FIELDS**

**USE OF CORRECTION FLUIDS / TAPES ARE PROHIBITED. FOR ANY ALTERATIONS, PLEASE DRAW A STRAIGHT LINE ACROSS ERRONEOUS DATA, TO WHICH PLEASE POLICYOWNER MUST AFFIX HIS/HER FULL SIGNATURE. CORRECT INFORMATION MAY THEN BE INDICATED BESIDE OR ABOVE IT**