

Policy No.

## Securing your tomorrow today

FORTUNE LIFE INSURANCE CO., INC.

Fortune Life Bldg., 162 Legazpi Street, Legazpi Village, Makati City, 1229 Tel. Nos.: (02) 892-9841 to 49 (connecting all departments) Fax Nos.: (02) 892-3297 / 891-3343/ 813-7339

TIN

e-mail address: fortlife@fortunelife.com URL: http://www.fortunelife.com

## POLICY LOAN APPLICATION AND AGREEMENT FORM

Insured / Owner

Maximum Loanable Amount	Desired Amount	: Php	only.
I/We, the undersigned own Policy hereby apply for loan aga:			/ or assignee of the described
IN CONSIDERATION OF THE S advanced by FORTUNE LIFE INST hereby acknowledge, as a loan Provision issued or assumed by money now due of hereafter to be of the said loan and interest the allowed by the law and approved on the date of the loan was grar principal of the loan and shall conditions as the loan.	on the sole securit the said Company, I ecome due thereunder, ereon. Interest shall by the Insurance Com nted. Any interest wh	y of and in acc (We) hereby assig to said Company not be less than mission; Interest ich is not paid v	cordance with the Policy Loan in said policy and all sums of as security for the repayment 10% nor more than the maximum is charged monthly commencing when due shall be added to the
If at any time the indebtedness on said policy, shi liability under the policy shall law and the policy, if any, respectively.	nall equal or exceed L terminate upon comp	the cash value	
It is also agreed said policy and the total indebte charge upon said policy.			f said loan, a first lien upor due or accrued, shall be first
It is expressly reand that no proceedings in bankr of the undersigned.			igning below are of legal ago ted or are pending against any
Signed at	th	isda	y of,
WITNESS:			
Signature over Printed Nar	<u> </u>	Signature	of Insured
Address of Witness	_		of policy Owner d is below 21 years old)
		Signature of Irrevocable Beneficiary/ies	
		Signature	of Assignee, If any
NOTE: PLEASE CHECK ANY OF THE BOXES	S BELOW		
Mail the check at this address:	Pick up by me or mepresentative:	my duly authorized	Deposit the proceeds of my check to my bank account: Bank Name: Account Name : Account No: SA#
Policy Loan General Requirements			CA#
1. Duly signed Policy Loan A	Application and Agree:	ment Form of the	Insured/Owner (and Irrevocable

- Beneficiary/ies if any).
- Photocopy of any valid government issued Id bearing date of birth, picture, and signature with three (3) specimen signatures of Insured/Owner and Irrevocable Beneficiary/ies if any.
- Original Policy Contract.
- \*\* Additional requirements for special cases:
- \* If the Policy Owner is not present and resides in the Philippines, submit authorization letter and photocopies of valid Id of Policy Owner and valid Id of authorized local representative to receive the loan proceed in the behalf of the Policy Owner.

  \* If Policy Owner is abroad, submit a current Special Power of Attorney duly authenticated by the Philippine Consulate where the Policy Owner currently resides and photocopy of valid Passport with embarkation stamp. If the proceeds is over Php 100,000.00 the Special Power of Attorney must be authenticated by the Department of Foreign Affairs (DFA).

