

## POLICY SURRENDER FORM

### IMPORTANT REMINDERS WHEN WITHDRAWING YOUR POLICY

#### What you should know about early full/partial withdrawal of insurance policy

An insurance policy is intended to meet your long-term financial needs. Therefore, in fully or partially withdrawing a policy before its maturity date, you are losing valuable benefits. It may not be possible for you to obtain a similar level of protection on the same terms in the future.

#### Additional Charges/Fees

If you surrender your policy and then buy a new policy or other investment product, you will incur new charges. These may include:

##### Administration Charge (For Unit-Linked policies)

There could be a sales charge/withdrawal fee for each new policy / investment product.

##### Policy Fee

A policy fee is usually incurred for each policy.

#### Fund Switching Facility (For Unit-Linked policies)

When the fund you have bought is not meeting your initial or current investment objective, you may switch to other fund(s) offered by the Company without incurring any charges, subject to certain conditions.

#### Other Options (For Traditional policies)

If your policy has acquired a cash value, you may choose to:

- (a) Apply for a cash loan to meet short term financial needs; OR
- (b) Convert to a reduced or paid-up extended term insurance policy.

#### Changes in Terms and Conditions

Withdrawing your insurance policy for another policy could result in loss of specific policy features due to changes in age or health or engaging in a hazardous occupation/avocation.

#### Policyowner/Trustee/Assignee's Acknowledgement

Were you advised by a Servicing Intermediary to withdraw this policy?    Yes    No

If "yes", please ask your Servicing Intermediary to complete the "Servicing Intermediary's Acknowledgment" below.

#### INSTRUCTIONS

1. If there is an irrevocable beneficiary, said beneficiary's signature is required. If the irrevocable beneficiary is a minor, the Judicial Guardian shall sign for him/her and letters of Guardianship and a Court Order authorizing the surrender must be presented.
2. If the assignee is a corporation, an officer of the corporation must sign for the corporation and this form must be accompanied by a certified true copy of the Board of Directors resolution authorizing the surrender and giving the executing officer the power to sign on behalf of the corporation.
3. If the policy contract has been lost, this form must be submitted along with a duly accomplished Affidavit of Loss or Destruction of Policy, dated, signed, witnessed and duly notarized.
4. A witness of legal age must sign this form. This witness must be a disinterested person.
5. In claiming the surrender proceeds, bring at least two identification papers such as passport, driver's license, company or    professional ID.
6. If a representative is designated to claim the surrender proceeds, the following must be presented:
  - a. Authorization letter bearing the signature of the representative and signed by the policyowner; and
  - b. The representative's proper identification.

For Unit-Linked Policies:

7. A withdrawal/surrender charge may be imposed on your transaction. Please refer to your policy contract for the applicable charges.
8. Your insurance coverage will end on the date we receive your signed request for a full withdrawal.
9. The full net withdrawal value is equal to the total account value less any unpaid indebtedness and applicable withdrawal/surrender charges.

#### FOR SERVICING INTERMEDIARY ONLY

Servicing Intermediary's Acknowledgment

"I have explained to the Policyowner/Trustee/Assignee the alternative options available and the implications of early withdrawal of this policy." I have recommended the withdrawal of this policy for the following reasons:

\_\_\_\_\_  
Printed name and signature of Servicing Intermediary

\_\_\_\_\_  
Servicing Intermediary's Code

Policy No.

Policyowner \_\_\_\_\_

Insured \_\_\_\_\_

Reason for surrender \_\_\_\_\_

Method of Payment  Check – Uncrossed?  Yes  No  
 Fund Transfer (accomplish Fund Transfer Agreement)  
 \* Note: Crossed checks and fund transfers will require an existing account held by the Policyowner in the same currency

**Declarations**

I understand and agree to the following:

1. All foregoing statements and exceptions (if any) are complete and accurate.
2. I have read and understood the important reminders indicated above.
3. For Unit-Linked policies, **Allianz PNB Life Insurance, Inc.** will use the price on the next Pricing Date to sell units in my account/s upon approval of this application.
4. This application will not be effective until it has been officially received and approved by **Allianz PNB Life Insurance, Inc.**
5. Acceptance of the Net Surrender Value (for Traditional policies)/Fund Value (for Unit-Linked policies) constitutes full settlement and complete satisfaction of whatever rights, claims and demands the undersigned may have under this policy.
6. I hereby expressly authorize Allianz PNB Life Insurance, Inc. to obtain, collect, record, organize, store, update, modify, use, share, transfer, disclose and/or destroy (“process”), whether manually or via electronic channels, any and all information, including personal and sensitive information, about me, the life insured, and/or my policy/ies, to **1)** facilitate, monitor, and improve the quality of my policy/ies and such services availed of by me, through programs including but not limited to customer satisfaction surveys, offer of related products and services, and statistical, actuarial and risk analyses, and to **2)** comply with legal or regulatory obligations of Allianz PNB Life Insurance, Inc. under applicable local or foreign laws, rules and regulations relating to matters including but not limited to anti-money laundering and tax monitoring/review/reporting. I also expressly authorize Allianz PNB Life Insurance, Inc. to share, transfer and/or disclose the said information to any of its intermediaries, branches, subsidiaries, affiliates, service providers, partners and government agencies for the said purposes. I likewise promise to inform Allianz PNB Life Insurance, Inc. of any changes relating to my personal information.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Printed name and signature of witness

\_\_\_\_\_  
Printed name and signature of Policyowner

\_\_\_\_\_  
Printed name and signature of irrevocable beneficiary

\_\_\_\_\_  
Printed name and signature of Assignee

**THE POLICY CONTRACT MUST BE RETURNED TOGETHER WITH THIS FORM**