

FLEXI-FUND WITHDRAWAL

Policy No.

Policyowner _____ Insured _____

Amount of withdrawal _____

Method of Payment Crossed Check Uncrossed Check
 Fund Transfer (fill-up Bank Account Details)

BANK ACCOUNT DETAILS

Bank Name _____ Bank Branch _____

Account Name _____

Co-depositor's Name (if any) _____

Account No. _____

Type of Joint Account and and/or _____ Currency Peso US Dollar

Declarations and Agreements:

1. I declare that the proceeds of this transaction, whether paid in check or deposited to the declared account, shall render Allianz PNB Life Insurance, Inc., its successors-in-interests and assigns, including its directors, officers, employees and agents, free and harmless from any further claim, demand or action whatsoever, which in law or equity I ever had, now have, or which I, my successors and assigns hereafter may have under this said transaction.
2. I understand that any corresponding bank charges shall be charged to my account.
3. I understand that if I choose to convert my reimbursement from Dollar to Peso, the proceeds will be paid out based on an exchange rate determined by the Bankers Association of the Philippines, with an additional spread.
4. I take full responsibility in the accuracy of the account details indicated above. Should there be any error(s) in the information, I understand that this will result to delays in the crediting of the policy proceeds and I hold Allianz PNB Life Insurance, Inc. free from any liability resulting from the erroneous information.
5. I have read and understood all declarations and agreements which are hereby given and made willingly and voluntarily and with full knowledge of my rights under the law.

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 Allianz 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.

That 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 to be 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 offer of related products and services, customer satisfaction surveys, and statistical, actuarial and risk analyses, and 2) to 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, 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.

I also understand that Allianz PNB Life Insurance, Inc. shall communicate with me primarily via electronic channels, i.e. email, SMS, and mobile and web applications. Policy contracts, official receipts and other similar documents will also be sent to me in electronic format if available.

I prefer receiving communications from Allianz PNB Life Insurance, Inc. in paper format. I understand that the notices, disclosures, and similar documents received through mail and other non-electronic channels might be delayed and I will not hold Allianz PNB Life Insurance, Inc. responsible especially if the delay is due to circumstances beyond its control.

I also expressly authorize Allianz PNB Life Insurance, Inc., to share, transfer and/or disclose my information to any of its subsidiaries, affiliates, and partners for offer for related products and services.

Printed name and signature of Policyowner

Printed name and signature of Irrevocable Beneficiary/Assignee