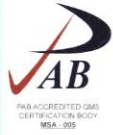




Republic of the Philippines
Department of Finance
INSURANCE COMMISSION
1071 United Nations Avenue
Manila



NOTICE TO THE PUBLIC

In connection with the liquidation proceedings of **LOYOLA PLANS CONSOLIDATED, INC. (LPCI)**, all concerned claimants are hereby advised to file their claims on or before the deadline of **18 April 2024** at the Insurance Commission Head Office, with the following address:

**Conservatorship, Receivership and Liquidation Division
INSURANCE COMMISSION
1071 United Nations Ave., Manila**

As an alternative, concerned claimants may also file their claims by submitting the requirements in "Annex A" via e-mail at crl@insurance.gov.ph.

For any subsequent official announcements, all concerned claimants and stakeholders are encouraged to regularly visit the IC website: <https://www.insurance.gov.ph>.

Please be guided accordingly.


REYNALDO A. REGALADO
Insurance Commissioner



REQUIREMENTS FOR FILING OF CLAIMS AGAINST LOYOLA PLANS CONSOLIDATED, INC.

1. Provide the following information and / or documents:
 - a. Full Name of the Planholder
 - b. Contract Number
 - c. Type of Plan
 - d. Date of Maturity
 - e. Copy of Certificate of Full Payment (**please prepare photocopy**)
 - f. Copy of Contract Plan (**please prepare photocopy**)
 - g. Valid ID (**please prepare photocopy**)
 - h. Marriage Certificate (if married)

2. In case of deceased planholders, please provide the additional requirements:
 - a. Copy of Death Certificate
 - b. Proof of Relationship of Beneficiary (Photocopy of Birth or Marriage Certificate **and** Valid ID)

3. Accomplish LPCI Availment Form (**Annex "B"**)



LOYOLA PLANS CONSOLIDATED, INC.

Penthouse Floor, Virra 1 Condominium 500 P. Burgos Street, Makati City, Philippines Tel. Nos. (632) 892-6061-63: (632) 892-6072 to 73 and 817-0000
 Website: <http://www.loyolaplans.com> Email: inquiry@loyolaplans.com

AVAILMENT REQUEST FORM

Date Filed:		Form No.: ARF000000004572	
<input type="checkbox"/> Cash Surrender Value	<input type="checkbox"/> Unrendered Service	<input type="checkbox"/> Buyback	<input type="checkbox"/> Excess MSB
<input type="checkbox"/> Timeplan Maturity Benefit	<input type="checkbox"/> Educ Plan Benefit	<input type="checkbox"/> TermLife	<input type="checkbox"/> Others: _____
Planholder's Name (Last Name, First Name, M.I.)		Contract Number:	
Address:		CFP Number:	
Email Address:	Cell / Mobile Number:	Landline Number:	
Viber / FB Messenger / WhatsApp:		Please fill up all fields. Incomplete information may lead to delay of processing.	

BANK DETAILS:

Please deposit my check/s to this bank account.

Bank Name:	Bank Branch:	Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Check
Account Name:		Account No:

I hereby certify that all details stated above are true and correct.

Requested by:

Signature over Printed Name

Reminder:

Please attach the original copy of the Certificate of Full Payment and photocopy of valid ID with picture and signature.

Thank you,
Loyola Plans Consolidated, Inc.

In compliance with the Data Privacy Act of 2012, disclosure of personal information by the Planholder under this form is voluntary. The collection of the Planholder's information is to facilitate the processing of the availment request by the Planholder and enable the Customer Service to handle customer-related concerns and other services related to the said request. All information provided by the Planholder shall be classified as confidential information. The Planholder holds the company free and harmless from any liability that may arise from any transfer, disclosure, processing, collection, use, storage or destruction of said information.

FOR LOYOLA OFFICE USE ONLY:

Received by:	Checked by:	Noted by:
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