

COLLEGE ASSURANCE PLAN PHILS., INC.

Contract Services Administration

REQUEST FOR CHANGE OF PAYEE

1. *The Subscriber may request for a change of payee.*
2. *If the Subscriber is already deceased and the Nominee will be claiming the check, the following are required:*
 - a. *Original Certificate of Full Payment*
 - b. *Death Certificate of the Subscriber*
3. *If the Nominee is female and already married, a copy of the Marriage Certificate must be presented*
4. *In order to correct error(s) in the spelling of the name of the Payee, two (2) valid government-issued ID shall be presented.*
5. *The Subscriber or the Nominee may authorize a person other than the Nominee.*

This request must be notarized.

Subscriber : _____
Nominee : _____
SFA A/C NO : _____
CFP NO. : _____
Contact No. : _____

This is to request for change of Payee from _____ to _____ due to _____.

I hereby certify that all the above details are true and correct and any erroneous or untruthful statement shall not subject CAP to any liability whatsoever for any consequences arising therefrom.

Name and Signature of the Subscriber/Nominee

SUBSCRIBED AND SWORN to before me this ____ day of _____ 2022, affiant exhibited to me his _____ in compliance with the Rules on Notarial Practice.

Doc. No.____;
Page No.____;
Book No.____;
Series of 2022.
