

COLLEGE ASSURANCE PLAN PHILS., INC.
Contract Services Administration

REQUEST FOR RELEASE OF CHECK

Subscriber : _____

Nominee : _____

SFA A/C NO : _____

CFP NO. : _____

Instructions:

This form shall be accomplished by the Subscriber who is the Payee of the check.

To claim the check, the following documents are required:

1. Original Certificate of Full Payment (CFP) or Affidavit of Loss if the CFP is lost (sample form may be downloaded from caphil.com or may be requested from the CAP office)
2. Two (2) valid government-issued IDs of the Subscriber

In the event that the Subscriber is already deceased, the Nominee becomes the authorized Payee. Hence, the Nominee shall accomplish the Request for a Change of Payee. The form may be downloaded from caphil.com or requested from the CAP office

An authorized representative may also claim the check upon submission of the documents listed below:

1. Authorization Letter from the Payee (sample form may be downloaded from caphil.com or may be requested from the CAP office)
2. Two (2) valid government-issued IDs of the Subscriber or of the Nominee (if the Subscriber is already deceased) and of the authorized representative

Requested by:

Received by:

Date Received:

Name and Signature of
Subscriber/Nominee/ Authorized
Representative

Name and Signature of Staff
