

Agent Code

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POLICY NUMBER									

NOTE: Fill out with block letters. Put on the tick boxes representing options.

PART I - CONTACT INFORMATION UPDATE

I agree to update my contact information record with Philam Life based on the details in this section.

LAST NAME

--	--	--	--	--	--	--	--	--	--

FIRST NAME

--	--	--	--	--	--	--	--	--	--

MIDDLE NAME

--	--	--	--	--	--	--	--	--	--

Telephone : Residence Office

(

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)

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ex: (044) 123-4567

Mobile Phone

+

6	3
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--	--

ex: +63-900-1234567

E-Mail Address

--	--	--	--	--	--	--	--	--	--

Preferred Mailing Address Residence Office

House / Building / Lot No., Name of Street

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

District

--	--	--	--

 City

--	--	--	--

 Province

--	--	--	--

 Zip Code

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If you want to receive e-notices in lieu of hard copy billings, accomplish the E-Notice Enrollment Form.

PART II - CREDIT CARD DETAILS

AUTOMATIC CHARGE ARRANGEMENT

Cardholder Name as it appears on the Card

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Credit Card Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Expiry Date:

--	--	--	--	--	--	--	--

y y y y m m

Issuing Bank

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 Credit Card Company Visa Master Card

PART III - CHARGE DETAILS

PAYMENT MODE:

Annual Semi Annual

Quarterly Monthly

AMOUNT TO BE CHARGED:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DUE DATE:

Date:

--	--	--	--	--	--	--	--

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PART IV - SIGNATURE

Enrollment to Automatic Charge Arrangement should be made 35 days before next premium due date for Philam Life insurance peso policy. I understand that this facility may only be extended to parents, spouse, children, brothers and sisters of the cardholder. I hereby authorize Philam Life and the credit card company to initiate debit entries to my credit card account for payment of premiums due Philam Life. I understand that only the available credit limit shall be utilized. In the event there is insufficient balance on debit date, Philam Life may initiate debit charges again to my credit card account, as it deems necessary and at its sole discretion. If no payment was debited from the above account due to insufficient balance, termination/cancellation of account or other reasons, Philam Life will not consider that premium for my policy to have been paid and I will have to pay the premium directly to Philam Life to keep the policy in force. I also understand that I may withdraw from this premium payment arrangement effective 30 days after receipt by Philam Life of a written notice of withdrawal.

Place Signed

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Date:

--	--	--	--	--	--	--	--

m m d d y y y y / /

Signature of Card Holder

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 Relationship to Policy Owner:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Policy Owner's Signature over Printed Name

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 Agent/Witness

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PLEASE DO NOT SIGN ON A BLANK FORM.

For Credit Card Company **For Philam Life**

Approved Disapproved

--	--	--	--	--	--	--	--	--	--

Signature over Printed Name

Remarks: _____

Approved Disapproved

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Signature over Printed Name

Remarks: _____
