PHILAM LIFE
An AIA Group Company

e-NOTICE ENROLLMENT SLIP

15F-18F Net Lima Building, 5th Avenue corner 26th Street, Bonifacio Global City, Taguig 1634

Agent Code

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

( ) -

ex: (044) 123-4567

Mobile Phone

+ 6 3 - -

ex: +63-900-1234567

E-Mail Address

Preferred Mailing Address ☐ Residence ☐ Office

House / Building / Lot No., Name of Street

District City Province Zip Code

PART II - REQUESTED TRANSACTION

ENROLL IN e-NOTICE

I hereby confirm that my Philam Life e-Notice will replace my printed billing statements and I agree to no longer receive printed billing notices for the policy/policies enrolled in this facility.

☐ Apply this enrollment to ALL my Policies

☐ Apply this enrollment only to these policies:

I agree and authorize Philam Life to collect, record, organize, store, update, modify, retrieve, consult, use, consolidate, block, erase, destroy, transfer, and disclose any information (collected or held) to its affiliated companies (including but not limited to any of its subisidiaries/affiliates in the Asia Pacific Region), agents, accredited/affiliated third parties, whether local or foreign, with regard to matters of information pertaining to myself and this application or any updates thereof, for any legitimate business purpose, including but not limited to cross-selling, promote/conduct marketing and direct marketing activities, to provide advice or information covering products or services which Philam Life believes may be of interest to me, to effectively administer my policy/account enhance customer services, or to communicate with me for any purpose. This authorization remains valid and subsisting until such time that I have informed in writing Philam Life of such revocation/cancellation.

Place Signed

Date: m m / d d / y y y y

Owner's Signature over Printed Name

Agent/Witness

PLEASE DO NOT SIGN ON A BLANK FORM.