

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

Telephone : Residence Office

() - ex: (044) 123-4567

FIRST NAME

Mobile Phone

+ 6 3 - - ex: +63-900-1234567

MIDDLE NAME

E-Mail Address

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

Preferred Mailing Address: Residence Office

House / Building / Lot No. /
Name of Street

District

City

Province

Zip Code

PART II - REQUESTED TRANSACTION/S

CREDIT TO ACCOUNT INSTRUCTION

I hereby authorize Philam Life to credit and/or cause the crediting of proceeds of all my financial transactions (except death claim proceeds) to the details of which are more specifically set out below:

Bank

BPI BDO EWB
 UB CBC MBTC
 LBP DBP SBTC
 PNB CITI HSBC
 RCBC

Account Number

Type of Account

Savings Checking

Account Currency:

Dollar Peso

Account Name

Branch of Account

Joint Account? YES NO

Signature of Co-Depositor

I certify that I am the Policy Owner of the policy with Philam Life and that I am the Account Owner of the aforementioned Bank Account. I acknowledge that the credit or deposit by Philam Life of the benefit or amount due to me to the bank account I have designated above shall release and forever discharge Philam Life of and from all actions, claims and demands on all matters involving said benefit or amount. Further, I certify the correctness and accuracy of the above information I provided Philam Life and that any discrepancy may cause delay in the crediting of proceeds to my account. Philam Life will be informed in writing of the future changes of the above information.

PART III - SIGNATURE

Policy Owner's/Bank Account Owner's
Signature over Printed Name

Place Signed

Agent/Witness

Date

m m / d d / y y y y

PLEASE DO NOT SIGN ON A BLANK FORM.