



Dear Valued Client,

Your trust and confidence is important to us. To ensure that Philam Life remains a trustworthy partner in your journey towards financial security and prosperity, we are making every effort to comply fully with the existing laws and regulations that govern us.

- In compliance with the Credit Information System Act, please be informed that should you have any loan or credit facility with us, Philam Life is mandated to share your basic credit data including related updates/ corrections to the Credit Information Corporation (CIC) and other entities authorized under the law, even without your consent.
- In compliance with RA-10173 also known as the Philippine Data Privacy Act of 2012, whose implementing Rules and Regulations took effect on September 9, 2016, Philam Life is sending you this letter to update you and secure your consent. Please send back the duly signed-off form either through your Financial Advisor, a Philam Life branch near you, or a scanned copy via email at phi.philamprivacy@aia.com.

Should you have questions or concerns about the Data Privacy consent form, please call 528-2000 or email us at phi.philamprivacy@aia.com. For more information on how Philam Life protects its data, you may visit our Privacy Statement at www.philamlife.com or type this link to your browser: <http://www.philamlife.com/en/index/privacy-statement.html>.

Sincerely yours,

Philam Life

DATA PRIVACY CONSENT

In compliance with the Data Privacy Act (DPA) of 2012, and its Implementing Rules and Regulations (IRR) effective since September 8, 2016, I allow The Philippine American Life and General Insurance Company (Philam Life) to provide me certain services declared in relation to the insurance policy/ies I purchased.

As such, I agree and authorize Philam Life Company to:

1. Continue to use my and my policies' information to process insurance services and administer the benefits as stated in my policy(ies).
2. Retain my information for a period of seven years from the date of termination of my policy, or at such time that I submit to Philam Life a written cancellation of this consent, whichever is earlier. I agree that my information will be deleted/destroyed after this period.
3. Retain my information in the Medical Information Database shared with other life insurance companies in accordance with the Insurance Regulation.
4. Share my information to affiliates and necessary third parties for any legitimate business purpose. I am assured that security systems are employed to protect my information.
5. Inform me of future customer campaigns and base its offer using the personal information I shared with the company.

I also acknowledge and warrant that I have acquired the consent from all parties relevant to this consent and hold free and harmless and indemnify Philam Life from any complaint, suit, or damages which any party may file or claim in relation to my consent.

Signed this ____ day of _____ 20__ at _____ City.

Insured Signature over Printed Name

Policy Owner Signature over Printed Name

Policy Number/s: _____

Should you have questions or concerns about this consent form, please call 528-2000 or email us at phi.philamprivacy@aia.com.

For more information on how Philam Life protects its data, you may visit our Privacy Statement at www.philamlife.com or type this link to your browser: <http://www.philamlife.com/en/index/privacy-statement.html>.

MARKETING CONSENT

Kindly check () appropriate box to indicate your consent.

YES, I allow Philam Life and it's third party agents (ex. Financial Advisor) to use my personal information for future customer campaigns.

NO, I do not allow Philam Life and it's third party agents (ex. Financial Advisor) to use my personal information for future customer campaigns.

QR-CGCO-DPI/REVISION 1/ OCTOBER 2017