



LIFE ASSURANCE CORP.

A subsidiary of Philam Life and an affiliate of BPI

BSE Code

[Empty grid for BSE Code]

AUTHORIZATION TO CHARGE CREDIT CARD

15th Floor Ayala Life - FGU Center, 6811 Ayala Avenue, Makati City

[Empty grid for Policy Number]

POLICY NUMBER

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

PART I - CONTACT INFORMATION UPDATE

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

LAST NAME

[Empty grid for Last Name]

FIRST NAME

[Empty grid for First Name]

MIDDLE NAME

[Empty grid for Middle Name]

Telephone : Residence Office

([] []) [] [] - [] [] [] [] ex: (044) 123-4567

Mobile Phone

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

E-Mail Address

[Empty grid for E-Mail Address]

Preferred Mailing Address Residence Office

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

House / Building / Lot No.,
Name of Street

[Empty grid for Address]

District

[Empty grid for District]

City

[Empty grid for City]

Province

[Empty grid for Province]

Zip Code

[Empty grid for Zip Code]

PART II - CREDIT CARD DETAILS

AUTOMATIC CHARGE ARRANGEMENT

Cardholder Name as it appears on the Card

[Empty grid for Cardholder Name]

Credit Card Number

[Empty grid for Credit Card Number]

Expiry Date:

y y y y m m
[] [] [] [] [] []

Issuing Bank

[Empty grid for Issuing Bank]

Credit Card Company

Visa Master Card

PART III - CHARGE DETAILS

PAYMENT MODE:

Annual Semi Annual
 Quarterly Monthly

AMOUNT TO BE CHARGED:

[] [] [] [] , [] [] [] [] , [] [] [] [] . [] []

DUE DATE:

m m d d y y y y
Date: [] [] / [] [] / [] [] [] []

PART IV - SIGNATURE

Enrollment to Automatic Charge Arrangement should be made 35 days before next premium due date for BPI-Philam peso policies. I understand that this facility may only be extended to parents, spouse, children, brothers and sisters of the cardholder. I hereby authorize BPI-Philam and the credit card company to initiate debit entries to my credit card account for payment of premiums due BPI-Philam. I understand that only the available credit limit shall be utilized. In the event there is insufficient balance on debit date, BPI-Philam 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, BPI-Philam will not consider that premium for my policy to have been paid and I will have to pay the premium directly to BPI-Philam to keep the policy in force. I also understand that I may withdraw from this premium payment arrangement effective 30 days after receipt by BPI-Philam of a written notice of withdrawal.

Place Signed

[Empty grid for Place Signed]

Date:

m m d d y y y y
[] [] / [] [] / [] [] [] []

[Empty grid for Signature of Card Holder]

Signature of Card Holder

Relationship to
Policy Owner:

[Empty grid for Relationship to Policy Owner]

[Empty grid for Policy Owner's Signature over Printed Name]

Policy Owner's Signature over Printed Name

[Empty grid for BSE/Witness Signature]

BSE/Witness

PLEASE DO NOT SIGN ON A BLANK FORM.

For Credit Card Company

Approved Disapproved

[Empty grid for Signature over Printed Name]

Signature over Printed Name

Remarks:

For BPI-Philam

Approved Disapproved

[Empty grid for Signature over Printed Name]

Signature over Printed Name

Remarks:

