

11. Please state any other particulars which would help to estimate longevity. _____

12. Please give names and addresses of any other physicians consulted. _____

I certify to the truth and correctness of the above information I provided the BPI-PHILAM LIFE ASSURANCE CORPORATION, in my capacity as the Attending Physician of the Applicant. This is made to form basis of his/her application for life insurance to the Company.

Signed at _____ this _____ day of _____, _____.

Name and Signature of Attending Physician

PTR No. _____

Address: _____

