

BSE Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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**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 BPI-Philam based on the details in this section.

LAST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FIRST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MIDDLE NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Preferred Mailing Address:

Residence  Office

House / Building / Lot No.,  
Name of Street

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

District

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Province

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Zip Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone :  Residence  Office

( 

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 ) 

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 - 

--	--	--	--

 ex: (044) 123-4567

Mobile Phone

+ 6 3 - 

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 - 

--	--	--	--	--	--	--	--

 ex: +63-900-1234567

E-Mail Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

**PART II - REQUESTED TRANSACTION/S**

**CREDIT TO ACCOUNT INSTRUCTION**

I hereby authorize BPI-Philam 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  BPI Family Bank

Account Number: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Type of Account:  Savings  Checking

Account Denomination:  Dollar  Peso

Account Name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch of Account: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Joint Account?  Yes  No

I certify that I am the Policy Owner of the policy with BPI-Philam and that I am the Account Owner of the aforementioned Bank Account. I acknowledge that the credit or deposit by BPI-Philam of the benefit or amount due to me to the bank account I have designated above shall release and forever discharge BPI-Philam 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 BPI-Philam and that any discrepancy may cause delay in the crediting of proceeds to my account. BPI-Philam will be informed in writing of the future changes of the above information.

This is also to authorize BPI to validate my account number by accomplishing the validation portion below.

**PART III - SIGNATURE**

Place Signed

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date: 

--	--

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

BSE/Witness

**PLEASE DO NOT SIGN ON A BLANK FORM.**

**For BPI Validation**

This is to certify that the indicated BPI account is active and the account owner and Policy Owner is one and the same person. Policy Owner's birthdate per RM bank records is \_\_\_\_\_ (mm/dd/yyyy).

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Bank/Branch Manager/Relationship Manager

Date: 

--	--

 / 

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