

Details on the Proposed Insured / Owner

Last Name		First Name			Middle Name		
Additional Beneficiary/ies							
Name	Sex (M/F)	Address	Nationality/ Citizenship	Date of Birth (MM/DD/YYYY)	Place of Birth	Contact Number	Relationship Applicant
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I HEREBY Certify that the personal data contained herein are true and correct.

Data Privacy Consent

In compliance with the requirements of the Data Privacy Act, I hereby give my consent to BDO Unibank, Inc. and its subsidiaries (collectively referred to as "BDO Group") to process, store, disclose or share my personal information or sensitive personal information obtained from me in the course of my transaction/s with BDO. I confirm that I understand and agree that these information may be disclosed or shared within the BDO Group for cross-selling purposes to offer and provide new or related products and services of the BDO Group.

Further, I hereby give my consent to any member of the BDO Group to process, collect, use, store, share or disclose my personal information or sensitive personal information among themselves, or to third parties.

I confirm that I understand and agree that my information may continue to be processed, collected, used, stored, or disclosed for ten (10) years from my last transaction date with any member of the BDO Group or until the expiration of the retention limits set by applicable laws, whichever comes later.

I hereby acknowledge and understand that should I wish to withdraw my consent to receive information about new or related products and services of the BDO Group, or to access, update, or correct certain personal data as set out in this form, I may communicate directly with BDO Life's Data Protection Officer through Data Protection Officer@bdolife.com.ph.

I further acknowledge and understand that I may access and view BDO Life's Data Privacy Statement at https://www.bdo.com.ph/bdolife/privacy-statement or obtain a copy thereof

Signature over Printed Name of Enrollee

Date Signed