

The release of this form or any other form(s) by BDO Life Assurance Company, Inc. shall not constitute an admission of any kind of liability.

Policy Number/s:

1. LIFE INSURED INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
-----------	------------	-------------

ADDRESS (NO. AND STREET, VILLAGE/BARANGAY, CITY, PROVINCE, ZIP CODE)

CONTACT NO/S.	EMAIL:	NATIONALITY
---------------	--------	-------------

AGE	DATE OF BIRTH (DD/MM/YYYY)	PLACE OF BIRTH	CIVIL STATUS	SEX
			<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

2. DETAILS OF ILLNESS / INJURY

DESCRIBE IN DETAIL ALL SYMPTOMS AND/OR NATURE OF YOUR ILLNESS OR ACCIDENT

DATE WHEN YOU FIRST EXPERIENCED SYMPTOMS/DATE OF ACCIDENT	DATE OF FIRST CONSULTATION
-----------------------------------------------------------	----------------------------

INCLUSIVE DATES OF CONFINEMENT: (must be supported by hospital bill)

FROM _____ TO _____

NAME OF HOSPITAL	ADDRESS OF THE HOSPITAL
------------------	-------------------------

NAME/S OF ATTENDING PHYSICIAN/S	SURGICAL PROCEDURE(S)/TREATMENT(S) PERFORMED
---------------------------------	----------------------------------------------

FINAL DIAGNOSIS/SES

PRIVACY CONSENT STATEMENT

We understand that the use of your personal information is important to you. The collection and use of information is fundamental to our business as it allows us to evaluate, issue and administer the policy and allow us to comply with the legal requirements of our regulators, including provisions of the Foreign Account Tax Compliance Act (FATCA).

By signing below and submitting this document, you confirm that:

Privacy Waiver

You understand that BDO Life Assurance Company Inc. may have obligations to meet the requirements of both local and foreign regulatory authorities (including local and foreign tax authorities) as well as other legal obligations from time to time relating to, but not limited to, information sharing and tax reporting and withholding of any payments due to you from the Company from time to time (regulatory and legal requirements).

You consent to the use of information provided to BDO Life Assurance Company Inc and you will provide us with information that we request from time to time and allow us to share such information with our local and foreign authorities (including local and foreign tax authorities) to meet these regulatory and legal requirements.

You will notify us within fifteen (15) days of any change in the information that you have provided to us, including any circumstance that would result in a change in your taxpayer status such as, but not limited to, a change in your residence address, telephone number and citizenship.

Should you wish to access, update or correct certain personal information, or withdraw consent to the use of any of your information set out in this form, you can contact our Customer Service Center at (632) 88854110 or send an email to data_protection_officer@bdolife.com.ph

BDO Life Assurance Company, Inc.

Pacific Star Bldg., Senator Gil Puyat cor. Makati Ave., Makati City, Philippines
Customer Care Hotline: (632) 8885-4110 | Fax (632) 5325-0792 | Toll Free No. 1-800-1888-6603

UNDERTAKING

I hereby undertake to submit to BDO Life Assurance Company, Inc. (BDO LIFE) the original (notarized, as applicable, and if necessary, authenticated/stamped with Apostille) copies of the documents I have sent electronically for my/our claim under Insurance Policy No. _____, issued on the life of _____ within thirty (30) days after filing of the claim.

I understand that should I fail to so submit, BDO Life may use the electronic copies in any proceedings as evidence as if these were the original documents.

I attest that the foregoing answers are true, correct and complete to the best of my knowledge and records in my possession, if any.

PAYMENT INSTRUCTION

I hereby request that any amounts to be paid to me relative to my claim for insurance benefit, be paid thru:

- CHECK**, send to BDO Network Branch
 CREDIT TO MY LOCAL BANK ACCOUNT, with details as follow:

Account Name	Bank
Account No.	Branch
Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Current	Currency: <input type="checkbox"/> Philippine Peso <input type="checkbox"/> U.S Dollar

By signing below, I hereby agree to and understand the following:

1. The claim is deemed to have been settled upon issuance of check payment or crediting of the benefit to my account.
2. Any deposit or settlement made by BDO Life Assurance Company, Inc. (hereinafter, "BDO Life") to the account above shall be considered as full settlement of its liabilities, if any;
3. I remise, release and forever discharge **BDO LIFE ASSURANCE COMPANY, INC, its successors-in-interest, assigns and any person, individual or otherwise, related to, connected to or employed by it**, of and from any and all claims, demands, cause or causes of action at law or in equity that I may claim to hold, on account of, growing out of or related to, or concerning whether directly or indirectly, proximately or remotely, any and all things whatsoever, and particularly without being limited to my claim for insurance proceeds;
4. BDO Life shall neither be responsible nor held liable should improper crediting occur as a result of invalid or inaccurate details indicated in this form;
5. I have the responsibility to communicate to BDO Life in writing any change in credit instructions or bank details stated above. Any such change shall be effective upon confirmation from BDO Life;
6. In case the currency of the bank account is different from the currency of the amount to be settled, BDO Life shall convert the proceeds to the currency of the bank account based on prevailing foreign exchange rates at the time of payment or deposit;
7. I will shoulder any bank fees or charges arising from any settlement, which may be deducted from the amounts deposited. BDO Life shall not be responsible or liable for any failure, fault or negligence on the part of the bank to pay the proceeds to me; and
8. BDO Life may disclose the details above to any third party as needed to implement this request.

Signed at _____ this _____ day of _____ 20 _____.

Signature Over Printed Name of Witness

Signature Over Printed Name of Claimant