

POLICY AND CONTACT DETAILS

Policy Owner			
Policy No/s.			
Telephone/s	Mobile No.	Landline No.	
Email Address	_____ Note: By filling up this field, you consent to receiving email notifications on amounts credited to your account.		
Mailing Address	_____		
ID Presented	Type:	ID Number:	Valid Until:

ENROLLMENT INSTRUCTIONS

I hereby authorize BDO Life Assurance Company, Inc. (hereinafter called BDO Life) to deposit through its Auto Credit Facility, all of my insurance policy's cash payouts to my BDO Account with details below:

Account Name:
Account Number:
Account Type: <input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account
BDO Branch:

Please note that the insurance policy and the bank account enrolled must be of the same currency. It is also hereby understood that crediting the cash payouts into the enrolled account will hereby release BDO Life from any and all obligations related to the policy's cash payout.

TERMS AND CONDITIONS

- A. BDO Life's Auto Credit Facility is only available for crediting amounts to the Policy Owner's own bank account.
- B. For joint accounts, the Policy Owner hereby assures BDO Life that crediting into the designated joint account will relieve BDO Life of all its obligations related to the request.
- C. BDO Life shall neither be responsible nor held liable should improper crediting by BDO Life occur as a result of invalid or inaccurate details indicated on this form.
- D. Policy Owner hereby attests that there are no other persons, firms or corporations with any interest in the aforementioned policy. Policy Owner also attests that there are currently no pending bankruptcy or insolvency proceedings involving himself/herself.
- E. Enrollment to BDO Life's Auto Credit Facility is subject to verification and approval by BDO Unibank.
- F. Should there be any changes in the enrolled Bank Account's status or the Policy Owner's payment instructions, the Policy Owner shall inform BDO Life in writing thirty (30) days before the next scheduled payout.

SIGNATURE AUTHORIZATION

I acknowledge that the credit or deposit by BDO Life of the amounts or benefits due me to the enrolled account shall release and forever discharge BDO Life from any and all obligations related to said amounts or benefits.

Signature over Printed Name
of Applicant Owner/Policy Owner

Date and Place of Signing

Signature over Printed Name
of Financial Advisor/Agent or Witness