BDO life®

Application For Reinstatement

Policy Number: ________________ Date: ______________________

Important

Failure to pay your premiums on time will result to the cancellation of your Policy and thus forfeiture of all benefits thereunder. To apply for reinstatement of your Policy, simply accomplish the form below and submit it together with the payment of amount(s) due.

A. LIFE INSURED INFORMATION

Name

Last Name	First Name	Middle Name
Landline Number	Mobile Number	E-mail Address
Mailing Address		

B. POLICY OWNER INFORMATION (If other than the Life Insured)

Name

Last Name	First Name	Middle Name
Landline Number	Mobile Number	E-mail Address
Mailing Address		

DECLARATION OF INSURABILITY

Question	Policy Owner	Life Insured
1. Has the Life Insured ever had consulted, sought treatment for or been confined for diabetes, high blood pressure, stroke, kidney disease, liver disease, cancer, leukemia or any blood disorder, or other diseases not mentioned?	☐ Yes ☐ No	☐ Yes ☐ No
2. Does the Life Insured expect to change occupation or country of residence?	☐ Yes ☐ No	☐ Yes ☐ No
3. Is the Life Insured currently taking any medication or undergoing any medical treatment for any ailment?	☐ Yes ☐ No	☐ Yes ☐ No
4. Has the Life Insured been advised hospital confinement, taken any diagnostic test or undergone any medical or surgical treatment?	☐ Yes ☐ No	☐ Yes ☐ No
5. Does the Life Insured engage or intend to engage in any private flying, diving, motorcycle, car, motorboat racing or any other extreme sports or hazardous activities?	☐ Yes ☐ No	☐ Yes ☐ No
6. For female Life Insureds, are you currently pregnant? If so, how many months?	☐ Yes ☐ No	__________ months
7. Life Insured's Current Height _____________ ft/inches/cm Weight _____________ lbs/kilos		

For any YES answers, please give complete details in the space provided below

(Should you need more space, please use the back of this form and affix your signature.)

I hereby declare, to the best of my knowledge that the above answers relating to the Life Insured (and to the Policy Owner, if the Policy being reinstated includes a Payor's Death Benefit Rider) are true, correct and complete and that I have not withheld any material fact that may influence the assessment or acceptance of this application.

I agree that this will form part of the Policy when approved by the Company and that failure to disclose on my part any material fact known to me may cause the Policy to be rescinded.

____
Signature over Printed Name of Policy Owner

____
Signature over Printed Name of Life Insured
(If other than the Policy Owner)

BDO Life Assurance Company, Inc.
BDO Corporate Center, 7899 Makati Avenue, Makati City, Metro Manila, Philippines
Customer Care Hotline: (632) 8885-4110 | Fax (632) 5325-0792 | Toll Free No. 1-800-1888-6603