

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

CONTACT NO/S.	EMAIL:	NATIONALITY
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AGE	DATE OF BIRTH (DD/MM/YYYY)	PLACE OF BIRTH	CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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OCCUPATION	NAME OF EMPLOYER	ADDRESS OF EMPLOYER
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2. DETAILS OF ILLNESS / INJURY

REASON FOR CONFINEMENT

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

DATE WHEN YOU FIRST EXPERIENCED THESE SYMPTOMS.	DATE OF FIRST CONSULTATION
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INCLUSIVE DATES OF CONFINEMENT: (must be supported by hospital bill)

FROM _____ TO _____ NO. OF DAYS AT THE ICU _____

NAME OF HOSPITAL	ADDRESS OF THE HOSPITAL
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NAME/S OF ATTENDING PHYSICIAN/S	SURGICAL PROCEDURE(S)/TREATMENT(S) PERFORMED
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FINAL DIAGNOSIS/SES

INCLUSIVE DATES OF DISABILITY (unable to engage in any occupation or perform any work for income or profit):

FROM _____ TO _____

CLAIMANT'S DECLARATION AND AUTHORIZATION

As claimant under the Policy, I hereby authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, consumer reporting agency, entity, institution, or employer, having information or records containing medical or non-medical data including, but not limited to diagnosis, treatment, results and prognosis, with respect to my physical or mental examination, condition, mental and dental care, drug or alcohol abuse, prescribed drugs, information about communicable diseases, and any employment and insurance coverage information to give to BDO Life Assurance Company, Inc. or its legal representatives, any and all such information, or any other information or record it may need to process my present claim.

I also authorize BDO Life Assurance Company, Inc. to obtain an investigative report from its duly authorized inspection agency which will provide any applicable information concerning my claim for insurance benefits.

I agree that a photographic copy of this Authorization shall be valid as the original.

This authorization discharges BDO Life Assurance Company, Inc. or any of its authorized representatives from any responsibility or obligation in connection with the release of such records or information.

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 you have applied for as well as allows 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:

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 hereby waive any rights you may have that would prevent us from meeting the regulatory and legal requirements mentioned above.

You will notify us as soon as possible and in any event within fifteen (15) days of any change in the information that you have provided to us, including any circumstances 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.

UNDERTAKING

I hereby undertake to submit to BDO Life Assurance, Inc. (BDO LIFE) the original and notarized (if necessary) copies of the documents I have sent electronically for my/our claim for disability benefits under Insurance Policy No. _____, issued on the life of _____.

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.

Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim.

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

Dated at _____ this _____ day of _____ 20 _____.

Signature Over Printed Name of Witness

Signature Over Printed Name of Claimant