Policy Number	
Policy Owner	

Payment Instructions: Please choose a payment option

[ ] **Option 1:** Relative to my PHP / USD Insurance policy(ies), I hereby authorize BDO Life Assurance Company Inc, (hereinafter called BDO Life), to deposit through its Direct Credit Facility any amounts to be paid, credited or refunded to me (except claims related benefits) to my BDO account with details below. Please refer to the Terms and Conditions below.

Account Name	
Account No.	BDO Branch
Account Type	[ ] Current [ ] Savings	Currency: [ ] PHP [ ] USD

[ ] **Option 2:** Relative to my PHP Policy Insurance policy(ies), please issue a PHP check payable to me for any amounts to be paid, credited or refunded to Option 2: Relative to my PHP Policy Insurance policy(ies), please issue a PHP check payable to me for any amounts to be paid, credited or refunded to me (except claims related benefits)

Delivery Instructions	[ ] I will claim the check personally from your Head Office	[ ] I will send my authorized representative
		_____ **Name of Authorized Representative** Please ensure your authorized representative has a letter of authorization from you and a valid government issued ID when claiming the check.

TERMS AND CONDITIONS

Relative to my PHP / USD Insurance policy(ies), I hereby authorize BDO Life Assurance Company Inc, (hereinafter called BDO Life), to deposit through its Direct Credit Facility any amounts to be paid, credited or refunded to me (except claims related benefits) to my BDO account with details below. Please refer to the Terms and Conditions below.

As part of our efforts to keep you informed, kindly update the following information:

Mobile / Landline Number	
Email Address	
Mailing Address	

CONSENT

This shall serve as my consent and ratification thereof for BDO Life to share my personal and sensitive personal information stated in this form with BDO Unibank and its subsidiaries to be used in the execution of any transactions relating to any payment by BDO Life to me.

_____
Signature over Printed Name of Policy Owner

SIGNATURE AUTHORIZATION

I hereby attest that there are no other persons, firms or corporations with any interest in the Policy aside from those expressly indicated below. I also attest that there are no bankruptcy or insolvency proceedings pending on the Policy Owner. Finally, I also attest that I am of legal age and have the legal capacity to sign the document.

_____   _____
Signature over Printed Name of Policy Owner   Date/Place of Signing

Please send the accomplished form to BDO Life Customer Service Department at the address indicated below.
Alternatively, you may e-mail us a copy at we-care@bdolife.com.ph