

This form should be accomplished by each of the designated beneficiaries and/or the trustee for minor beneficiary/ies (one form per beneficiary/trustee)

CLAIMANT'S INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS (NO. AND STREET, VILLAGE/BARANGAY, CITY, PROVINCE, ZIP CODE)					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

CONTACT DETAILS :

Home : _____ Office : _____ Cell Phone : _____ E-mail : _____

RELATIONSHIP TO THE INSURED

IF CLAIMING ON BEHALF OF MINOR BENEFICIARY/IES, PLEASE STATE NAME OF THE BENEFICIARY/IES

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

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.

Signed at _____ this _____ day of _____ 20 _____.

Signature Over Printed Name of Witness

Signature Over Printed Name of Claimant

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.