

POLICY DETAILS

Policy Number :

Policy Owner :

CONTACT INFORMATION

I agree to update my contact information record with BDO Life based on the details below.

Mobile Number :

Telephone Number :

Email Address :

I hereby request that any amounts to be paid, credited or refunded to me, relative to the insurance policy issued to me, be deposited to the bank account with details indicated below.

DETAILS OF NOMINATED ACCOUNT

Bank Name : <input type="checkbox"/> BDO Unibank <input type="checkbox"/> Others: _____	Branch Name:
Account Name :	
Account Number :	
Account Type : <input type="checkbox"/> Savings <input type="checkbox"/> Checking	Currency : <input type="checkbox"/> Peso <input type="checkbox"/> Dollar

DECLARATIONS AND AGREEMENTS

By signing below, I hereby agree and understand the following:

- Any deposit or settlement made by BDO Life Assurance Company, Inc. (hereinafter, "BDO Life") to the nominated account above shall be considered as full settlement of its liabilities, if any with regards to said amount;
- BDO Life shall neither be responsible nor held liable should improper crediting occur as a result of invalid or inaccurate details indicated in this form;
- I have the responsibility to communicate to BDO Life in writing any change in credit instructions or bank details stated above. Any such change shall be effective upon confirmation from BDO Life;
- In case the currency of the bank account is different from the currency of the amount to be settled, BDO Life shall convert the proceeds to the currency of the bank account based on prevailing foreign exchange rates at the time of payment or deposit;
- I will shoulder any bank fees or charges arising from any settlement, which may be deducted from the amounts deposited. BDO Life shall not be responsible or liable for any failure, fault or negligence on the part of the bank to pay the proceeds; and
- BDO Life may disclose the details above to any third party as needed to implement this request.

Date Signed: _____

 Signature over Printed Name of Policy Owner

 Signature over Printed Name of FA/Witness

You may scan a copy of the accomplished form and email to BDOLife-ILO-CS-CSS@bdolife.com.ph or mail to BDO Life's Customer Service Department (CSD), BDO Corporate Center, 7899 Makati Avenue, Makati City. You may also drop off the form at your nearest BDO Branch where BDO Life's Financial Advisor will be more than happy to serve you.

BDO Life Assurance Company, Inc.

30th Floor Petron Megaplaza Building, 358 Gil Puyat Avenue, Makati City, Metro Manila
 Customer Care Hotline: (632) 8885-4110 | E-mail: info@bdolife.com.ph | www.bdo.com.ph/bdolife