

I hereby authorize BDO Life Assurance Company Inc. (BDO Life) to charge my insurance premium to my credit card. (details below)

A. DETAILS OF THE POLICY OWNER / APPLICANT

Policy Owner's/Applicant's Name: _____

Policy/Application Number: _____

Address (**Please ensure that it is the same address indicated in your application form**)

Office Landline Number: _____ Residence Landline Number: _____ Mobile Number: _____

Email Address: _____

Credit Card Details

Credit Card Type Visa Mastercard JCB AMEX OTHERS

Card Number: _____ Name on Card: _____ Expiration Date: _____ Issuing Bank: _____

Payment Details

Initial Payment
 Premium Amount: _____

One - time - Payment
 Premium Amount: _____ Due Date: _____

Recurring Subsequent Premium Payments
 Premium Amount: _____ Due Date: _____
 Payment Mode: Annual Semi-Annual Quarterly Monthly

Signature Over Printed Name of the Policy Owner/Applicant _____

Date _____

B. DETAILS OF THE CREDIT CARD HOLDER IF OTHER THAN THE POLICY OWNER / APPLICANT

(Only immediate family members shall be allowed, i.e spouse, children, siblings, parents)

NOTE: Credit Card is not allowed to use as payment for loans, reinstatement, VL TOP UPS, Single Pay and Premium Deposit Fund (PDF)

Cardholder's Name: _____

Relationship of Cardholder to Policy Owner: _____

I hereby agree to pay the premium of the policy/application, as stated and requested above, through automatic charging to my credit card. I understand that by availing of this facility, BDO Life shall charge my credit card with the premium amount stated above on every due date thereof without prior notice.

Further, should there be any concern regarding my credit card, BDO Life may communicate directly to the above Policy Owner/Applicant, who I hereby appoint as my agent relative thereto.

Cardholder's Signature Over Printed Name _____

Date _____

By signing, I, the Policy Owner/Applicant, hereby acknowledges the above accommodation and I fully understand that if the credit card has no available credit or a debit cannot be effected for any reason, it will be my responsibility to pay any premium due on or before the due date, in accordance with the terms of the Policy. In such cases, BDO Life shall automatically de-enroll the Policy from the RPS facility and payment for its premiums shall be changed to its regular billing method without prior notice to me as the Policy Owner/Applicant.

CONFORME:

Policy Owner's/Applicant's Signature Over Printed Name _____

Date _____

Please submit this form together with the following: (1) photocopy of the front of Cardholder's credit card; and (2) photocopies of the Cardholder's valid government-issued

IDs. FOR BDO Life's USE ONLY

<p>Credit Card Validation</p> <p>Date received: _____</p> <p><input type="checkbox"/> Approved (Date: _____)</p> <p><input type="checkbox"/> Declined (Date: _____)</p> <p>Informed NB Date: _____</p> <p>Processed by: _____</p>	<p>For NB/CSD use:</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>Policy Year Date</th> <th>Policy No.</th> <th>Premium/Installment</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td colspan="2" style="text-align: right;">TOTAL</td><td> </td></tr> </tbody> </table> <p>Agent/ FA/ WInS Code: _____</p> <p>Processed by: _____</p>	Policy Year Date	Policy No.	Premium/Installment										TOTAL		
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