

I hereby authorize BDO Life Assurance Company, Inc. 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 (Please ensure that this is the same email address indicated in your application form.) _____
------------------------------	---------------------------------	---------------------	---

Credit Card Details VISA MASTERCARD JCB AMEX OTHERS _____

Card Number _____ Expiration Date _____

Name on Card _____ Issuing Bank _____

Charging Options

Initial Payment Amount _____

Subsequent Premium Payment

One-time Payment Amount _____ Due Date _____

Installment options: Regular Zero % Interest

Premium Amount _____ Due Date _____

Term 3 months 6 months

9 months 12 months

Recurring Payments (RPS)

Premium Amount _____

Payment Mode Annual Semi-Annual

Quarterly Monthly

NOTE: Installment Option is available for Peso policies and BDO-issued credit cards only.

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 credit cards of policy owner's/applicant's immediate family members shall be allowed, i.e. spouse, children, siblings, parents)

NOTE: Credit card is not allowed to be used for payment of Loans, Lapsed /Reinstatement, VL Top-Ups, Single Pay Plans, and Premium Deposit Fund (PDF).

Cardholder's Name: _____

Relationship of Cardholder to Policy Owner/Applicant: _____

I hereby agree to pay the premium of the above numbered policy/application through charging on my credit card. If availing of the Recurring Payment Scheme (RPS), I understand that BDO Life shall automatically charge my credit card with the premium amount stated above on every due date thereof without prior notice to me, my representative or the policy owner/applicant.

Furthermore, if there is any concern regarding my credit card, BDO Life may communicate directly with the above Policy owner/ Applicant, who I hereby appoint as my agent/representative relative thereto.

Cardholder's Signature Over Printed Name

Date

By signing, I, the policy owner/applicant, hereby acknowledge the above accommodation and I fully understand that if the credit card has no available credit or a debit cannot be effected for any other reason, it will be my responsibility to pay any premium due on or before the due date following the terms of the Policy. In such cases, BDO Life shall automatically de-enroll the policy from the RPS facility without prior notice to me as the Policy owner/Applicant. Regular billing method shall apply.

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) photocopy of the Cardholder's valid Government issued ID.

FOR BDO LIFE USE ONLY

For Cashier Use - Credit Card Validation

Date received	
<input type="checkbox"/> Approved (Date)	
<input type="checkbox"/> Declined (Date)	
Informed NB Date	
Processed by	

For NBU/CSD use

Policy Year Date / Due Date	Policy No.	Premium
Agent/FA/IFA Code		
Processed by		

BDO Life Assurance Company, Inc.

BDO Corporate Center, 7899 Makati Avenue, Makati City, Metro Manila, Philippines
Customer Care Hotline: (632) 8885-4110 | Fax (632) 5325-0792 | Toll Free No. 1-800-1888-6603