

POLICY AND CONTACT DETAILS

Applicant or Policy Owner		
Application No. or Policy No/s.		
Mobile No.		Landline No.
Email Address	_____ Note: By filling up this field, you consent to receiving email notifications on amounts credited to your account.	
Mailing Address	_____ _____	

CREDIT INSTRUCTIONS

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 relative to my insurance application and/or policy(ies), as stated above (except claim related benefits) to my BDO Account with details below

Account Name		
Account No.		BDO Branch
Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Checking	Currency <input type="checkbox"/> Peso <input type="checkbox"/> Dollar

You may scan a copy of the accomplished form and email to we-care@bdolife.com.ph or mail the form 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.

TERMS AND CONDITIONS

- A. BDO Life's Direct Credit Facility is only available for crediting amounts to the Applicant Owner or Policy Owner's bank account. The currencies in your insurance application form or policy and the bank account enrolled must be the same.
- B. For joint accounts, the Applicant Owner or Policy Owner hereby assures BDO Life that crediting into the designated joint account will relieve BDO Life of all its obligations related to the transaction.
- C. BDO Life shall neither be responsible nor held liable should improper crediting by BDO Life occur as a result of invalid or inaccurate details indicated in this form.
- D. Applicant Owner or Policy Owner hereby attests that there are no other persons, firms or corporations with any interest in the aforementioned insurance application or policy. Applicant Owner or Policy Owner also attests that there are currently no pending bankruptcy or insolvency proceedings involving himself/herself.
- E. Enrollment to BDO Life's Direct Credit Facility is subject to verification and approval by BDO Unibank.
- F. Should there be any changes in the enrolled Bank Account's status or the Applicant Owner's or Policy Owner's payment instructions, such Applicant Owner or Policy Owner shall inform BDO Life in writing thirty (30) days before the next scheduled payout.

SIGNATURE AUTHORIZATION

I acknowledge that the credit or deposit by BDO Life of the amounts or benefits due me to the enrolled account shall release and forever discharge BDO Life from any and all obligations related to said amounts or benefits.

Signature over Printed Name
of Applicant Owner/Policy Owner

Date and Place of Signing

Signature over Printed Name
of Financial Advisor/Agent or Witness

BDO Life Assurance Company, Inc.

BDO Corporate Center, 7889 Makati Avenue, Makati City, Metro Manila, Philippines
Customer Care Hotline: (632) 8854110 | E-mail: info@bdolife.com.ph | www.bdo.com.ph/bdolife