

Policy Number: \_\_\_\_\_

Date: \_\_\_\_\_

### Important

Failure to pay your premiums on time will result to the cancellation of your Policy and thus forfeiture of all benefits thereunder. To apply for reinstatement of your Policy, simply accomplish the form below and submit it together with the payment of amount(s) due.

#### A. LIFE INSURED INFORMATION

Name		
Last Name	First Name	Middle Name
Landline Number	Mobile Number	E-mail Address
Mailing Address		

#### B. POLICY OWNER INFORMATION (If other than the Life Insured)

Name		
Last Name	First Name	Middle Name
Landline Number	Mobile Number	E-mail Address
Mailing Address		

#### DECLARATION OF INSURABILITY

	Policy Owner	Life Insured	
1. Have you ever had consulted, sought treatment for or been confined for diabetes, high blood pressure, stroke, kidney disease, liver disease, cancer, leukemia or any blood disorder, or other diseases not mentioned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>For any YES answers, please give complete details in the space provided below</p>          <p>(Should you need more space, please use the back of this form and affix your signature.)</p>
2. Do you expect to change occupation or country of residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Are you currently taking any medication or undergoing any medical treatment for any ailment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Have you been advised hospital confinement, taken any diagnostic test or undergone any medical or surgical treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Do you engage or intend to engage in any private flyer, diving, motorcycle, car, motorboat racing or any other extreme sports or hazardous activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. For female, are you currently pregnant? If so, how many months?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ months	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ months	
7. Current Height (ft/inches/cm)			
Current Weight (lbs/kilos)			

I hereby declare, to the best of my knowledge that the above answers relating to the Life Insured (and to the Policy Owner, if the Policy being reinstated includes a Payor's Death Benefit Rider) are true, correct and complete and that I have not withheld any material fact that may influence the assessment or acceptance of this application.

I agree that this will form part of the Policy when approved by the Company and that failure to disclose on my part any material fact known to me may cause the Policy to be rescinded.

\_\_\_\_\_  
Signature over Printed Name of Policy Owner

\_\_\_\_\_  
Signature over Printed Name of Life Insured  
(If other than the Policy Owner)

\_\_\_\_\_  
Witnessed by

**BDO Life Assurance Company, Inc.**

(Formerly Generali Pilipinas Life Assurance Company, Inc.)

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