

I hereby authorize 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

Card Number: \_\_\_\_\_ Name on Card: \_\_\_\_\_

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

#### Credit Card Details

Initial Payment

Deposit for Application: \_\_\_\_\_

Recurring Subsequent Premium Payments

Premium Amount: \_\_\_\_\_

Payment Mode:  Annual  Semi-Annual  Quarterly  Monthly

Due Date (s) : \_\_\_\_\_

\_\_\_\_\_  
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):

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><b>Credit Card Validation</b></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 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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