

POLICY DETAILS: Please fill in appropriately

Policy Number	
Policy Owner	
Address	
Mobile Number	
Landline No.	
Email Address	

PAYMENT INSTRUCTIONS: Please choose payment instruction

Please credit to my account (I agree that any charges imposed by the bank to effect the transfer will be deducted from the proceeds).

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

- Issue a check payable to me and
- I will claim the check personally from your head office
 - I will send my authorized representative, _____ to claim the check
- Please ensure your authorized representative has a letter of authorization from you and a valid government-issued ID when claiming the check.
- Mail the check to my designated mailing address

Please send the accomplished form to BDO Life Customer Service Department at the address indicated below. Alternatively, you may e-mail us a copy at we-care@bdolife.com.ph.

SIGNATURE AUTHORIZATION

I hereby attest that there are no other persons, firms or corporations with any interest in the Policy aside from those expressly indicated below. I also attest that there are no bankruptcy or insolvency proceedings pending on the Policy Owner. Finally, I also attest that I am of legal age and have the legal capacity to sign this document.

Signature over Printed Name of Policy Owner

Date/Place of Signing