

INSTRUCTIONS: Write legibly in block letters and check (✓) the appropriate box where applicable.

A. DETAILS OF THE PLAN									
POLICY NUMBER			POLICYHOLDER			PLAN			
B. DETAILS OF THE PROPOSED INSURED MEMBER									
LAST NAME/SUFFIX			FIRST NAME			MIDDLE NAME			
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		CITIZENSHIP		DATE OF BIRTH (MM/DD/YYYY)		PLACE OF BIRTH			
CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			ID PRESENTED <input type="checkbox"/> TIN <input type="checkbox"/> SSS <input type="checkbox"/> GSIS <input type="checkbox"/> Others Numbers: _____			Present Height _____ <input type="checkbox"/> FT <input type="checkbox"/> CM Present Weight _____ <input type="checkbox"/> LBS <input type="checkbox"/> KG			
PRESENT ADDRESS (No. and Street, Village/Barangay, City, Province, Zip Code, Country)									
HOME PHONE		MOBILE NUMBER		EMAIL ADDRESS			OCCUPATION/NATURE OF WORK		
NAME OF COMPANY						BUSINESS PHONE			
C. HEALTH DECLARATION									
I am in good health and am not suffering from any injury or illness that prohibits me from actively engaging in full time employment or exercise of my profession. In the last two (2) years, I have not had any condition, other than minor ailments such as colds and flu, requiring frequent hospital visits of at least three (3) times a year, ongoing medical care or follow-up with a doctor or specialist, or continuous medication for more than one (1) month.								<input type="checkbox"/> YES <input type="checkbox"/> NO	
D. BENEFICIARY/IES									
NAME/S [First Name] [Middle Name] [Last Name] [Suffix]	GENDER	ADDRESS	CITIZENSHIP	DATE OF BIRTH (MM/DD/YYYY)	PLACE OF BIRTH	CONTACT NUMBER	RELATIONSHIP TO APPLICANT		
	(M/F)								
<p>I HEREBY Certify that the personal data contained herein are true and correct. I have not withheld any material information regarding this application. I understand that it is my responsibility to notify BDO Life for any change in information provided in this application.</p> <p>DISCLOSURE: In accordance with the Insurance Commission's Circular Letter No. 2016-54, your medical information will be uploaded to a Medical Information Database accessible to life insurance companies for the purpose of enhancing risk assessment and preventing fraud. Once uploaded, all life insurance companies will only have limited access to your information in order to protect your right to privacy in accordance with law. A copy of Circular Letter No. 2016-54 may be accessed at the Insurance Commission's website at https://www.insurance.gov.ph.</p> <p>BDO GROUP DATA PRIVACY CONSENT In compliance with the requirements of the Data Privacy Act, I hereby give my consent to the BDO Group, consisting of BDO Unibank, Inc. and its subsidiaries [the members of the BDO Group may be accessed at [https://www.bdo.com.ph/privacy-statement], to process, collect, store, my personal information or sensitive personal information obtained from me in the course of my transaction/s with the BDO Group. I understand and agree that these information may be disclosed or shared by BDO Group to its members for know-your-client, cross-selling, marketing, or profiling (manual or automatic) purposes to offer and provide new or related products and services of the BDO Group. Further, I hereby give my consent to any member of the BDO Group to process, collect, use, store, share or disclose my personal information or sensitive personal information to third parties for legitimate purposes, or to provide services to me or implement transactions which I may request, allow, or authorize.</p> <p>I confirm that I understand and agree that my information may continue to be processed, collected, used, stored, or disclosed for ten (10) years from my last transaction date with any member of the BDO Group or until the expiration of the retention limits set by applicable laws, whichever comes later.</p> <p>I hereby acknowledge and understand that should I wish to withdraw my consent to receive information about new or related products and services of the BDO Group, or to access, update, or correct certain personal data as set out in this form, I may communicate directly with the relevant member of the BDO Group's Data Protection Officer through the email address found at [https://www.bdo.com.ph/privacy-statement]. I further acknowledge and understand that I may access and view the BDO Group's Data Privacy Statement at [https://www.bdo.com.ph/privacy-statement] or obtain a copy thereof from the office or branch of the relevant member of the BDO Group.</p> <p>Authorization to Furnish Medical Information or Other Related Information I hereby authorize – even abroad – any physician, hospital, clinic, insurance company, or any other organization, institution, or person that has any record of me and my health to give to BDO Life Assurance Company, Inc. with address at BDO Corporate Center, 7899 Makati Avenue, Makati City, Metro Manila, Philippines, its Parent Company, its Trust Companies and Subsidiaries, any and all information about me with reference to my health and medical history and any hospitalization, advice, diagnosis, or the ailment or personal, financial, occupational background for the purposes of underwriting, claim assessment, claim settlement, coinsurance and reinsurance. I also consent to a personal investigation for the aforementioned information and purposes. A photographic copy of this authorization shall be valid as the original.</p> <p>Warrants and Attestations The Proposed Life Insured/Owner acknowledges and where applicable, warrants and attests the following:</p> <ol style="list-style-type: none"> The beneficiary (ies) named in this Application are eligible. Further, I shall not designate any beneficiary who is ineligible under Articles 2012 and 739 of the Civil Code of the Philippines or any amendments thereof. Article 1250 of the Civil Code of the Philippines (Republic Act 386) shall not apply to any payment made or to be made either to or by the Company under any policy issued pursuant to this Application. During the effectivity of the policy, in case the Company is unable to comply with relevant Customer Due Diligence (CDD) measures, as required under the Anti-Money Laundering Act, as amended and relevant issuances, due to my fault, the company may apply the following: <ol style="list-style-type: none"> measures to restrict the services available or prohibit any further transactions on the contract/policy until full and proper CDD measured have been successfully conducted; and in case the foregoing is unsuccessful, terminate business relationship. The exercise of the Company of this measure shall only entitle me to receive the unused portions of premium or withdrawal value, if any, whichever is acceptable. Likewise during the effectivity of the policy, I shall be bound by obligations set out in relevant United Nations Security Council Resolutions relating to the prevention and suppression of proliferation financing of weapons of mass destruction, including the freezing and unfreezing actions as well as prohibitions from conducting transactions with designated persons and entities. 									
Signature over Printed Name of Proposed Insured Member						Date Signed			

BDO Life Assurance Company, Inc.

30th Floor Petron Megaplaza Building, 358 Gil Puyat Avenue, Makati City
Customer Care Hotline: (632) 8885-4110 | Fax (632) 5325-0792 | Toll Free No. 1-800-1888-6603