

AUTO CHARGE ENROLLMENT FORM

I, _____, am authorizing MANILA BANKERS LIFE AND GENERAL ASSURANCE CORP. to charge my debit/credit card as payment for:

MONEY SAVER LIFE SAVER IRA PAI MOST 18
 EVEREST MEMORIAL OTHER _____, with the policy number: _____.

Name of Insured, if different from the Payor: _____

Below are my terms conditions:

Amount to be charged:

Premium

| | |
|----------------------------|--|
| Premium | |
| Premium Deposit Fund (PDF) | |
| Total | |

Monthly Quarterly Semi-Annual Annual One Time

Below is my Credit Card Information

Visa MasterCard JCB American Express

Credit card number: _____ - _____ - _____ - _____

Expiry Date: _____

Issuing Bank: _____

In the event that the debiting of the amount to be charged in the amount of PHP _____ is declined on due date due to either "Insufficient Funds" or "Exceeded Withdrawal Limits", I hereby authorize Manila Bankers Life and General Assurance Corp. to re-try/repeat the charging process to my card within the next five (5) days from date of declination.

Not interested to use Auto Charge Enrollment Form REASON _____

Printed name and signature of Card holder

Date

Note: This authorization is valid as long as premiums are due.

Procedure – Auto Debit Arrangement / Recurring Payment Scheme

1. Fill-out Auto Debit Arrangement Form.
2. Ensure to fill-out all card information.
2. Ensure that the information is legibly written.
2. Ensure that all information is correct.
2. Amount to be charged should be equal to the premium due and PDF amount (for MOST18).
2. Select mode of payment as to Annual, Semi-annual, Quarterly, Monthly or One-time:
 - o Annual, Semi-annual, Quarterly or Monthly shall mean the authorization will be used to charge premium due to cardholders' account as the premium becomes due.
 - o One-time shall mean the authorization is valid on the next immediate due date.
 (Cardholders may submit several One-time authorizations.)
2. Print name and affix signature.
3. Submit and attach photocopy of credit card and photocopy of valid, photo-bearing, government identification card. In case of the absence of government ID, kindly submit at least two (2) valid, photo-bearing, identification card.
4. Signature in the credit card must be the same with the signature in the submitted identification card/s.
5. Submit the Auto Debit Arrangement Form to the Customer Service at customercare@manilabankerslife.com for processing.
6. MB Life Authorized Representative will process and submit the amount to be charged to BDO as the premium becomes due.
7. An official receipt will be issued from the Head office upon receipt of the approval of the transaction for every charge made. If you need further clarification, please do not hesitate to contact Customer Service at (632) 8810-1072 or email us at customercare@manilabankerslife.com.

CONSENT FORM

(In Compliance with R.A. 10173)

I, _____, of legal age, Filipino citizen, and a resident of _____, do hereby state that: MANILA BANKERS ASSURANCE, a corporation duly organized and existing under Philippine laws with office address at the 3rd Floor, VGP Center, Ayala Avenue, Makati City, is requesting for my personal data and information for the purpose of my application for life insurance coverage. I have been informed of my rights under R.A. 10173 otherwise known as the Data Privacy Act of 2012 and that I fully understand my rights under R.A. 10173 and I hereby freely, voluntarily, willfully and intelligently give my consent to MANILA BANKERS ASSURANCE to gather, collect, hold, process and use my personal data and information for the purpose stated above.

Data Subject/Applicant