



The best way to show your Love

AUTHORIZATION LETTER TO DEPOSIT

To whom it may concern:

This is to authorize **MANILA BANKERS ASSURANCE** to credit/deposit to the below bank account the check representing my:

Please check:

- ☐ Refund
- ☐ Yearly Treat Benefit
- ☐ Maturity Benefit
- ☐ Surrender Cash Value
- ☐ Excess Payment
- ☐ Claims (Death/Hospitalization)

With the below bank details are as follows:

Account Name : _____
Bank Name : _____
Type of Account : _____
(Savings/Current)
Account Number : _____
Branch of Account : _____

I understand and accept that either validated deposit slip, bank certification/notice or credit memo issued by the bank shall be sufficient and complete proof of Manila Bankers Assurance's remittance and serves as my sufficient and complete acknowledgement of receipt of funds due thereof. Done this _____ day of _____, 20__.

Signature over Printed Name

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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