

**POLICY NUMBER**

S- [ ] [ ] [ ] [ ] [ ] [ ] - [ ] - [ ]

**For Home Office Use Only**

NO. I-90110064-5-1

In the box, please write:  
1 - If insurance policy is in PESO  
2 - If insurance policy is in US\$

To BDO Teller: Accept payment only in the corresponding currency: Php for PESO policy, US\$ for DOLLAR policy

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

### A. PROPOSED LIFE INSURED (PLI)

LAST NAME		FIRST NAME		MIDDLE NAME		HONORIFICS	
LOPEZ		JOSELITO		RUIZ		MR.	
						OTHER NAMES (ALIAS, if any)	
						N/A	
AGE	DATE OF BIRTH (DD/MM/YYYY)	PLACE OF BIRTH			GENDER	CIVIL STATUS	NATIONALITY
34	09/06/1985	MANDALUYONG			MALE	SINGLE	PHILIPPINES
RESIDENCE ADDRESS (NO. AND STREET, VILLAGE/BARANGAY, CITY, PROVINCE, ZIP CODE, COUNTRY)						TELEPHONE NUMBER	MOBILE NUMBER
456 DIAN ST, BRGY SAN ISIDRO MAKATI, 1234 San Isidro, Philippines						027198534	09128746521
BUSINESS ADDRESS (NO. AND STREET, VILLAGE/BARANGAY, CITY, PROVINCE, ZIP CODE, COUNTRY)						TELEPHONE NUMBER	MOBILE NUMBER
AHIS MANDALUYONG, BRGY. PLEASANT HILLS MANDALUYONG CITY, 1550 Mandaluyong CPO, Philippines						N/A	N/A
ALTERNATE ADDRESS (NO. AND STREET, VILLAGE/BARANGAY, CITY, PROVINCE, ZIP CODE, COUNTRY)						TELEPHONE NUMBER	MOBILE NUMBER
N/A						N/A	N/A
OCCUPATION		NAME OF COMPANY AND NATURE OF BUSINESS		YEARS WITH THE CO.	NATURE OF WORK	EMAIL ADDRESS	
Seaman		OSM MARINE SHIPMENT		5	SEAMAN	lopezjoselito@yahoo.com	
TIN OR SSS/GSIS NO.		ACR NO. (IF ALIEN)		ANNUAL INCOME	SOURCE OF INCOME	BILLING/MAILING ADDRESS	
SSS 3312345671		N/A		25,000	SALARY	RESIDENCE	

**B. OWNER (If other than the PLI)**

LAST NAME		FIRST NAME		MIDDLE NAME		HONORIFICS	
N/A		N/A		N/A		N/A	
						OTHER NAMES (ALIAS, if any)	
						N/A	
AGE	DATE OF BIRTH (DD/MM/YYYY)	PLACE OF BIRTH			GENDER	CIVIL STATUS	NATIONALITY
N/A	N/A	N/A			N/A	N/A	N/A
RESIDENCE ADDRESS (NO. AND STREET, VILLAGE/BARANGAY, CITY, PROVINCE, ZIP CODE, COUNTRY)						TELEPHONE NUMBER	MOBILE NUMBER
N/A						N/A	N/A
BUSINESS ADDRESS (NO. AND STREET, VILLAGE/BARANGAY, CITY, PROVINCE, ZIP CODE, COUNTRY)						TELEPHONE NUMBER	MOBILE NUMBER
N/A						N/A	N/A
ALTERNATE ADDRESS (NO. AND STREET, VILLAGE/BARANGAY, CITY, PROVINCE, ZIP CODE, COUNTRY)						TELEPHONE NUMBER	MOBILE NUMBER
N/A						N/A	N/A
OCCUPATION	NAME OF COMPANY AND NATURE OF BUSINESS			YEARS WITH THE CO.	NATURE OF WORK		EMAIL ADDRESS
N/A	N/A			N/A	N/A		N/A
TIN OR SSS/GSIS NO.	ACR NO. (IF ALIEN)		ANNUAL INCOME		SOURCE OF INCOME		BILLING/MAILING ADDRESS
N/A	N/A		N/A		N/A		N/A
RELATIONSHIP OF OWNER TO PLI		CONTINGENT OWNER, UPON DEATH OF THE OWNER					
N/A		N/A	N/A	N/A	N/A	N/A	N/A
		Last Name	First Name	Middle Name	DATE OF BIRTH (DD/MM/YYYY)	RELATIONSHIP TO PLI	

### C. DETAILS OF THE POLICY APPLIED FOR

BASIC PLAN  (PHP) HEALTH SECURE 10	SUM ASSURED  PHP 2,000,000	MODE OF PAYMENT <input type="checkbox"/> SINGLE PAY <input type="checkbox"/> SEMI ANNUAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> QUARTERLY <input checked="" type="checkbox"/> MONTHLY	PAYMENT SCHEME <input type="checkbox"/> CASH <input checked="" type="checkbox"/> AUTO DEBIT <input type="checkbox"/> OTHERS <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD   _____
RIDERS (Indicate Benefit Amount)		DEPOSIT PAID AMOUNT <u>0</u> PR NO. <u>N/A</u> PR DATE <u>N/A</u>	
HEALTH GUARD	1,000,000	Dividend Options, if Participating  <input checked="" type="checkbox"/> Accumulate with Interest*  <i>*The Owner authorizes the company to combine the Dividend Accumulations with the Cash Values, for whatever purpose the Cash Values are to be used.</i>  <input type="checkbox"/> Buy Paid-Up Insurance  <input type="checkbox"/> Paid in Cash  <input type="checkbox"/> Applied to Premium Due  If no option is elected, "Accumulate with Interest" option shall apply.	Premium Default Options  <input checked="" type="checkbox"/> Premium Loan  <input type="checkbox"/> Cash Surrender  <input type="checkbox"/> Extended Term  <input type="checkbox"/> Reduced Paid-up  If no option is elected, the default option as provided for in the policy shall apply.
ACCIDENTAL DEATH AND DISABILITY	2,000,000		
WAIVER OF PREMIUM DUE TO DISABILITY	INCLUDED		

BDO Corporate Center, 7899 Makati Avenue, Makati City, Metro Manila, Philippines  
Customer Care Hotline: (632) 88854110 | Trunk lines: (632) 88854100, 88854200 | Fax (632) 53250792

**D. BENEFICIARIES (Unless otherwise stated, shared equally and designation is primary-revocable)**

NAME (Last name, First Name, Middle Name)	ADDRESS	GENDER M / F	DATE OF BIRTH (DD/MM/YYYY)	RELATIONSHIP TO PLI	% SHARE	DESIGNATION		SIGNATURE OF IRREVOCABLE BENEFICIARY
						P-PRIMARY C-CONTINGENT	R-REVOCABLE I-IRREVOCABLE	
LOPEZ, PAULA, SANTOS	456 DIAN ST, BRGY SAN ISIDRO, MAKATI 1234 San Isidro, Philippines	F	23/05/1960	MOTHER	100	P	I	
TRUSTEE TO MINOR BENEFICIARY <i>*Trustee may need to secure and submit a court-approved letter of the guardianship, including guardian's bond if required by law.</i>						RELATIONSHIP TO MINOR BENEFICIARY/IES		

**E. DECLARATION ON THE PROPOSED REPLACEMENT OF EXISTING POLICY/IES****PART 1 (To be answered by Proposed Life Insured and/or Owner)**

1. Does the Proposed Life Insured and/or Owner have any life or accident insurance in-force? ☐ Yes ☒ No **If Yes, give details below.**

	INSURANCE COMPANY	LIFE COVERAGE	ACCIDENT COVERAGE	EFFECTIVE DATE
PROPOSED LIFE INSURED				
OWNER				

2. Is this application a replacement of any existing insurance in-force? ☐ Yes ☒ No

**If YES, Owner should complete a Replacement Notification Form.**

3. Will premiums for the insurance applied for be paid by a policy loan from any existing policy? ☐ Yes ☒ No

If YES, to # 2 and 3 questions, please furnish details below.

	INSURANCE COMPANY	POLICY NUMBER	AMOUNT OF INSURANCE BEING REPLACED OR LOAN TAKEN AGAINST	EFFECTIVE DATE
PROPOSED LIFE INSURED				
OWNER				

**REMINDER FROM THE INSURANCE COMMISSION ON REPLACEMENT OF POLICIES:**

It is usually disadvantageous to REPLACE existing life insurance policy/ies with a new one. Some disadvantages are:

1. You may no longer be insurable on the same standard or substandard terms as your existing policy/ies;
2. You may have to pay a higher premium in view of older age;
3. **You may lose financial benefits accumulated over the years.**

**NOTE:** In your own interest, we would advise that you consult your present insurer before making a final decision. We suggest you listen to both sides and make a careful comparison so you can be sure that you are making a decision that is in your best interest.

**PART 2 (To be answered by Agent/FA)**

1. Has there been or have you proposed any change in any existing insurance inforce on the Proposed Life Insured? ☐ Yes ☒ No
2. Will premiums for the insurance applied for be paid by taking out a policy loan from any existing policy? ☐ Yes ☒ No
- If YES to any question, have the Owner complete a Replacement Notification Form.**

**F. REPLACEMENT NOTIFICATION FORM**

NAME OF PROPOSED LIFE INSURED	DATE OF BIRTH (DD/MM/YYYY)	HOME ADDRESS
NAME OF OWNER (If other than the PLI)	DATE OF BIRTH (DD/MM/YYYY)	HOME ADDRESS

**EXISTING POLICIES TO BE REPLACED**

INSURANCE COMPANY (As it appears in the Policy)	INSURED'S NAME (As it appears in the Policy)	POLICY NUMBER	AMOUNT OF INSURANCE

I certify that I understand the nature of this change and hereby affix my signature below:

**JOSELITO RUIZ LOPEZ**

**03/10/2020**

**OWNER**

**DATE**

SIGNATURE OVER PRINTED NAME

**Note: The replacing Insurer should furnish a copy of this form to the Issuer of the policy being replaced within seven (7) days from receipt of the application.**

**BDO life**

**ANTI-FRAUD PROVISION:** Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim.

**IMPORTANT NOTICE :** The Insurance Commission, with offices in Manila, Cebu and Davao, is the government office in charge of the enforcement of all laws related to insurance and has supervision over insurance providers and intermediaries. It is ready at all times to assist the general public in matters pertaining to insurance. For any inquiries or complaints, please contact the Public Assistance and Mediation Division (PAMD) at the Insurance Commission at 1071 United Nations Avenue, Manila with the telephone numbers +632-5238461 to 70 and email address [pubassist@insurance.gov.ph](mailto:pubassist@insurance.gov.ph). The official website of the Insurance Commission is [www.insurance.gov.ph](http://www.insurance.gov.ph).

**G. DECLARATION AND AGREEMENT**

The Proposed Life Insured/Owner acknowledges and where applicable, warrants and attests the following:

1. The person who accomplished this on my behalf, if any, acted with my authority and under my direction.
2. The questions were fully explained to me in a language/dialect known to me before I gave my answers/statements in the Application. All answers given or statements made on this Application are full, complete and true to the best of my knowledge and belief.
3. I understand that the statements I gave in this Application shall be the basis of the contract that may arise between the Company and myself and that if anything contrary to the truth be stated or if any information which would be regarded as likely to influence the assessment and acceptance of this Application be withheld or concealed, the Company will be entitled to rescind this policy.
4. I shall accept this policy when issued, subject to the terms and conditions of the policy thereof.
5. There shall be no contract until the first premium is paid and the policy delivered to me while the Proposed Life Insured is alive and in good health subject to the terms and conditions of the attached TEMPORARY LIFE INSURANCE COVER. Should the policy, for any reason, not take effect, any deposit made will be refunded to me, if living; otherwise to the beneficiaries named herein.
6. 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.
7. That the beneficiaries herein designated may be changed only in accordance with the provisions of the policy.
8. 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 thereto.
9. No sales personnel or medical examiner is authorized to accept risks, pass upon insurability, make/modify contracts or waive any of the Company's rights/requirements.
10. I hereby acknowledge and authorize: a) the regular submission and disclosure of my basic credit data (as defined under Republic Act No. 9510 and its Implementing Rules and Regulations) to the Credit Information Corporation (CIC) as well as any updates or corrections thereof; and b) the sharing of my basic credit data with other lenders authorized by the CIC, and credit reporting agencies duly accredited by the CIC.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**JOSELITO LOPEZ**

**PROPOSED LIFE INSURED**  
SIGNATURE OVER PRINTED NAME

**WITNESSED BY:**

**MYLEN JAEN**

**SOLICITING AGENT/FA**  
SIGNATURE OVER PRINTED NAME

**RIGHT THUMBMARK**  
(IF PLI IS UNABLE TO SIGN)

**MANAGER (If shared NMA)**  
SIGNATURE OVER PRINTED NAME

**OWNER (If other than the PLI)**  
SIGNATURE OVER PRINTED NAME

**PLI'S LEGAL GUARDIAN (If other than the Owner)**  
SIGNATURE OVER PRINTED NAME

**H. FOR HOME OFFICE ENDORSEMENT ONLY****I. 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 office 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, medical history, any hospitalization, advice, diagnosis, treatment, disease, ailments or personal, financial, or occupational background for the purposes of underwriting, claim assessment, claim settlement, coinsurance and reinsurance. I also consent to any personal investigation. A photographic copy of this authorization shall be valid as the original.

**JOSELITO LOPEZ**

**PROPOSED LIFE INSURED**  
SIGNATURE OVER PRINTED NAME

**OWNER (If other than the PLI)**  
SIGNATURE OVER PRINTED NAME

**MYLEN JAEN**

**WITNESS**  
SIGNATURE OVER PRINTED NAME

**03/10/2020**

**DATE**

**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 [www.insurance.gov.ph](http://www.insurance.gov.ph).

**BDO life**

APPLICATION NO. I-90110064-5-1

**TEMPORARY LIFE INSURANCE COVER**

This Temporary Life Insurance Cover on the Proposed Life Insured is effective beginning on the date Part I of the Application for Life Insurance (hereinafter, "Application"), bearing the same serial number as this Temporary Life Insurance Cover, was signed provided:

1. The first full premium has been paid at the time of application, as evidenced by Proof of Payment (e.g. validated bills payment slip, official receipt, and/or provisional receipt);
2. All required questions in the Application have been answered completely and truthfully;
3. The policy would have been issued given the information declared in the Application; and
4. All questions pertaining to medical and non-medical information/background have been truthfully answered "No".

The amount of insurance payable on the death of the Proposed Life Insured pursuant to this Temporary Life Insurance Cover shall be the amount which the Company would have paid had the policy applied for been issued. In no event shall the Company pay more than a total of Php 1,000,000.00 or when applicable, its US Dollar equivalent, in death benefits under all Temporary Life Insurance Covers then in force at the time of death, including any accidental death benefit under such cover(s).

The currency and terms of payment by the Company shall be in accordance with the provisions of the policy, subject to the previous paragraph. The prevailing exchange rate at the date of payment shall be used by the Company to determine its liability in US Dollars, when applicable. Any benefit under more than one Temporary Life Insurance Cover to be paid will be prorated among all Temporary Life Insurance Covers then in force. Any deposit paid for the Application in excess of the Company's liability under this Temporary Life Insurance Cover will be refunded. The beneficiary of this Temporary Life Insurance Cover is as stated in the Application.

If the Proposed Life Insured dies by suicide, the pertinent provisions of the Insurance Code shall apply. Where no benefit is payable, the deposit paid with the Application will be refunded without interest.

This Temporary Life Insurance Cover will terminate on the earliest of the following:

- (a) the date a termination notice is sent by the Company to the Owner;
- (b) the date the policy applied for in the Application takes effect;
- (c) the date on which cancellation of the Application is requested by the Owner;
- (d) the date the Application is declined or postponed by the Company; or,
- (e) after 45 days from the date this Temporary Life Insurance Cover took effect.

**NOTE: No sales personnel has the authority to modify the terms of this Temporary Life Insurance Cover.**

**BDO Life Assurance Company, Inc.**

BDO Corporate Center, 7899 Makati Avenue, Makati City, Metro Manila, Philippines  
Customer Care Hotline: (632) 88854110 | Trunk lines: (632) 88854100, 88854200 | Fax (632) 53250792

**L. SUPPLEMENTARY INFORMATION BY THE SOLICITING AGENT/FINANCIAL ADVISOR****INFORMATION ON THE PROPOSED LIFE INSURED AND/OR OWNER**

	YES	NO	DETAILS, as required	
1. How long have you known the Proposed Life Insured? <u>2 MOS</u>				
2. Are you related to the PLI? If yes, indicate relationship.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3. Do you know of any abnormality in the health or appearance of the PLI? If yes, please provide details.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
4. Are you aware of PLI's present association, habits, hazardous sports or medical history which would make him an undesirable risk? If Yes, please provide details.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5. Is the Owner presently employed and actively at work? If no, please state reason.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6. Have you visited PLI's place of residence?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
7. Have you seen PLI personally for purposes of this insurance application?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
8. Reason for application of PLI or Owner (if other than the PLI):				
<input checked="" type="checkbox"/> Protection of Dependent	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Loan Protection		<input type="checkbox"/> Others
<input type="checkbox"/> Savings/Retirement	<input type="checkbox"/> Key Person Insurance	<input type="checkbox"/> Education		
9. Highest Educational Attainment of PLI or Owner (if other than the PLI):				
<input type="checkbox"/> Elementary	<input type="checkbox"/> High School	<input checked="" type="checkbox"/> College	<input type="checkbox"/> Others	
School: <u>N/A</u> Course: <u>N/A</u> Year Graduated: <u>N/A</u>				
10. Properties owned by PLI or Owner (If other than the PLI):				
a. Residential House & Lot or Condominium <u>N/A</u>				
b. Other Real Estate Assets <u>N/A</u>				
c. Cars (Specify brand and model) <u>N/A</u>				
d. Other Financial Assets <u>N/A</u>				
11. Net worth of PLI or Owner (If other than the PLI); indicate currency.				
a. PLI's Net worth <u>N/A</u> b. Owner's Net worth <u>N/A</u>				
12. Estimated Annual Income of PLI or Owner (If other than the PLI) from:				
a. Profession <u>N/A</u> c. Investment / Savings <u>N/A</u>				
b. Business <u>N/A</u> d. Other Sources of Income <u>N/A</u>				

**INFORMATION ON THE SPOUSE OF PLI**

LAST NAME, FIRST NAME, MIDDLE NAME (Indicate maiden name of wife)	DATE OF BIRTH (DD/MM/YYYY)	PLACE OF BIRTH
N/A	N/A	N/A
OCCUPATION	PLACE OF WORK	ANNUAL INCOME
N/A	N/A	N/A

**LIFE INSURANCE IN-FORCE OR PENDING ON SPOUSE'S LIFE**

INSURANCE COMPANY	SUM ASSURED	EFFECTIVE YEAR

**FOR JUVENILE APPLICATION ONLY**

NUMBER OF BROTHERS AND SISTERS OF PLI	NUMBER OF SIBLINGS INSURED	IF NOT ALL, EXPLAIN WHY
N/A	N/A	N/A

**LIFE INSURANCE IN-FORCE OR PENDING ON PARENTS, BROTHERS, AND SISTERS**

NAME	RELATIONSHIP	AGE	COMPANY	SUM ASSURED
N/A	N/A	N/A	N/A	N/A

**SPECIAL INSTRUCTIONS/ADDITIONAL REMARKS**

N/A
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**PREPARED BY:**

<div></div> <b>MYLEN JAEN</b> <b>AGENT / FA</b> <b>SIGNATURE OVER PRINTED NAME</b>	<div>NONE</div> <b>CODE NO.</b>	<div>A</div> <b>NON-MED AUTHORITY</b>	<div></div> <b>MOBILE NO.</b>	<div></div> <b>DATE</b>
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## DECLARATION OF INSURABILITY OF THE PROPOSED LIFE INSURED

1. Height and Weight: N / A
2. What is your occupation?
  - a. Seaman
 

What type of ship or vessel? Commercial/Cargo Ship

What is your duty/role in the ship? Oiler
3. Other than for minor ailments\*, in the past five years,
  - 3.1 Have you consulted or are you currently consulting or planning to consult any hospital, clinic or doctor for any illness, injury, operation or treatment? **Yes**
    - a. Consultation\_SUQ
 

Please provide full details: Condition/Reason for Consultation; Date of consultation; Diagnosis; Treatment; Attending Physician; Name of Hospital/Clinic Annual Check up (Asthma)
  - 3.2 Have you had any abnormal results from medical tests (such as ultrasound, mammogram, imaging scan, biopsy, pap smear, electrocardiogram, X-rays, blood or urine tests)? **No**
  - 3.3 Have you been hospitalized for more than 4 consecutive nights? **No**
4. Other than for minor ailments, have you ever had, or been told you had or been treated for:
  - 4.1 Cancer, tumor/cyst or abnormal growth or lump **No**
  - 4.2 Any disease or disorder of the heart (including heart attack, coronary artery disease or valve disease) **Yes**
    - a. Heart Attack
  - 4.3 Stroke, high cholesterol, high blood pressure **No**
  - 4.4 Liver (including Hepatitis B carrier and Hepatitis C) **No**
  - 4.5 Kidney, lung or respiratory disorder **No**
  - 4.6 Diabetes **No**
  - 4.7 Brain or neurological system, blood disorder **No**
  - 4.8 Other disorders of muscle joints or bones, thyroid, reproductive system, immune system, stomach, intestines, bladder **No**
  - 4.9 Any disease of ear, eye, nose, throat, spine, muscle or any kind of disability? **No**
5. Have either of your natural parents or your brother(s) or sister(s), living or dead, suffered from diabetes, heart disease (including heart attack or valve disorder), stroke, kidney disease, cancer, or any other hereditary disease (such as Alzheimer's Disease, Motor Neurone disease, etc.) before the age of 60? **No**
6. Has any of your application or reinstatement of life or critical illness insurance ever been declined, postponed or accepted with adverse special conditions (such as extra premium payable or exclusions)? **No**

I certify that the declarations on all pages of the insurability declarations are true and correct to the best of my knowledge and records in my possession.

WITNESSED BY:

JOSELITO LOPEZ  
PROPOSED LIFE INSURED  
SIGNATURE OVER PRINTED NAME

OWNER (If other than the Insured)  
SIGNATURE OVER PRINTED NAME

MYLEN JAEN  
SOLICITING AGENT/FA  
SIGNATURE OVER PRINTED NAME

03/10/2020  
DATE

**BDO Life Assurance Company, Inc.**

BDO Corporate Center, 7899 Makati Avenue, Makati City, Metro Manila, Philippines  
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DECLARATION OF INSURABILITY OF THE PROPOSED LIFE INSURED

7. Will anyone other than the Proposed Life Insured and/or Owner be paying for this policy? No

I certify that the declarations on all pages of the insurability declarations are true and correct to the best of my knowledge and records in my possession.

WITNESSED BY:

JOSELITO LOPEZ  
PROPOSED LIFE INSURED  
SIGNATURE OVER PRINTED NAME

OWNER (If other than the Insured)  
SIGNATURE OVER PRINTED NAME

MYLEN JAEN  
SOLICITING AGENT/FA  
SIGNATURE OVER PRINTED NAME

03/10/2020  
DATE

Please provide complete details and indicate NOT APPLICABLE to items/sections as deemed appropriate.

Applicant Owner JOSELITO LOPEZ

Application Number I-90110064-5-1

Questions	Yes	No
1. Are you a US Citizen?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Are you a permanent resident of the U.S./green card holder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Were you born in the U.S.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Do you have a residence address in the U.S.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Do you have a phone number in the U.S.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Do you have an "in-care-of" address or "hold mail" U.S. address?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Did you stay in the US for at least 31 days this year and a total of 183 days for the last 3 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any of the answers to questions stated above is YES, kindly specify required applicable information below and indicate N/A if not applicable:

US Address of Applicant Owner

No.	Street	Subdivision/District/Town
-----	--------	---------------------------

US Telephone Number of Applicant Owner

US TIN or SS Number of Applicant Owner

US P.O. Box of Applicant Owner

Certified true and correct

JOSELITO LOPEZ

Signature over printed name by Policy Owner

03/10/2020

Date (dd/mm/yyyy)

For Company's Use Only

Customer Information File Number

MYLEN JAEN

Signature over printed name of Financial Advisor

Notes/Remarks (if any)



This certifies that the Owner:  
(kindly tick the appropriate box)

- ☐ is a United States ("U.S.") Person as that term is defined under the United States Foreign Account Tax Compliance Act ("FATCA")

For this purpose, the Owner declares under penalties of perjury that:

1. The number shown in this document is the Owner's U.S. taxpayer identification number, and
2. The Owner is not subject to backup withholding either because the Owner has not been notified by the Internal Revenue Service (IRS) that the Owner is subject to backup withholding as a result of failure to report all interest and dividends, or the IRS has notified the Owner that it is no longer subject to backup withholding.

- ☒ is not a U.S. Person as that term is defined under the FATCA, and have submitted/undertakes to submit copies of any of the following documents to prove such status:

- ☐ Certificate of Loss of Nationality of the United States
- ☐ Non-US Government Identification
- ☐ Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding (Form W-8BEN)
- ☐ Others: \_\_\_\_\_

the authenticity, accuracy and completeness of the contents of which are warranted by the Owner

Failure to submit the above-mentioned documents entitles BDO Life to treat the Owner as a U.S. Person.

As a U.S. Person, the Owner is subject to the requirements of the FATCA and the regulations of the United States Internal Revenue Services ("U.S. IRS") including all subsequent amendments or supplements thereto (collectively, the "FATCA/U.S. IRS Regulations") which require BDO Life to report directly to the U.S. IRS information about financial accounts held by U.S. taxpayers or held by foreign entities in which U.S. taxpayers hold a substantial ownership interest.

This Certification, Consent and Waiver signifies:

1. The Owner's consent to the processing and updating of all information relative to the Owner's Policy under Republic Act Number 10173 or The Data Privacy Act of 2012;
2. The Owner's consent and waiver of such rights and privileges under any other law of the Philippines which will require the issuance of a consent and/or waiver for the disclosure and/or processing of any and all information relating to the Applicant Policy Owner's Policy with BDO Life for purposes of compliance with the FATCA; and

3. The Owner's acknowledgment and consent for BDO Life to report and disclose to the U.S. IRS the following information (and/or such other information as may be required) relative to the Policy pursuant to the FATCA U.S. IRS Regulations (the "Required Information"):

- i. The name, address and U.S. tax identification number ("TIN")
- ii. In case of any Owner that is a non U.S. entity with one or more U.S. owners, the name address and TIN of each substantial U.S. owner of such entity;
- iii. The Policy number;
- iv. The year-end cash surrender value; and
- v. Gross receipts and gross withdrawals or payments from the Policy.

If BDO Life is not in possession of the Required Information, the Owner undertakes to provide BDO Life such information within 30 calendar days from receipt of this Certification, Consent and Waiver.

Where the Owner has indicated above that the Owner is not a U.S. Person and has submitted the required documents in support thereof the Owner hereby affirms and confirms the truth of such declaration. The Owner hereby undertakes to inform BDO Life in writing of any change in circumstance that will affect the accuracy of such declaration within thirty (30) calendar days from the occurrence of such change. Further, the Owner hereby acknowledges that BDO Life has agreed to issue the Policy and allowed the Owner to own the Policy on the basis of such declaration. In the event BDO Life discovers the declaration to be false or misleading or that the Owner is a U.S. Person, then BDO Life, its subsidiaries and affiliates, are hereby absolutely and unconditionally authorized to disclose to the U.S. IRS the Required Information. The Owner further undertakes to provide BDO Life with such Required Information as may be required by BDO Life.

By signing this Certification, Consent and Waiver, the Owner hereby undertakes to keep the BDO Life, its subsidiaries and affiliates, and their respective owners, directors, officers, stockholders, employees, agents, representatives or relevant units of BDO Life free and clear of any and all claims, suits, actions or proceedings of whatever kind or nature that any person may file or institute against BDO Life arising from or in connection with its reliance on my/our/the Entity's declaration above and all other liabilities of whatsoever nature or description which may be suffered or incurred by the Owner, its directors, stockholders officers, employees, representatives, agents or relevant units of BDO Life, arising from or in connection with the implementation of this Certification, Consent and Waiver; and shall forever indemnify and compensate BDO Life against any and all losses, damages, judgments, costs and expenses including, without limiting, the generality of the foregoing attorney's fees and costs of suit arising herefrom or therefrom.



By signing hereunder, the Owner hereby confirms that it has read and understood this Certification Consent and Waiver, or have had the same read and thoroughly and sufficiently explained to the Owner in a language known to the latter.

(FOR JURIDICAL PERSONS) Further, the Applicant Policy Owner represents, warrants and confirms that (a) it has read and understood this Certification, Consent and Waiver, and (b) the undersigned is its duly authorized representative duly authorized to execute and deliver this Certification, Consent and Waiver for and on behalf of the Owner, as evidenced by the duly executed authorization, a copy of which is attached hereto.

JOSELITO LOPEZ

Owner (Printed Name and Signature)

U.S. Tax Identification Number/s if U.S. Person:

For policies held by U.S. Persons that have substantial U.S. owners

Substantial U.S. owner\*\* (Printed Name and Signature)

U.S. Tax Identification Number/s :

\*\*Please use separate sheets if there is more than one (1) substantial U.S. owner

TRACKING SHEET AND CHECKLIST			
FA	MYLEN JAEN	Agent No.	NONE (NMA level A)
Branch name	N/A	Referred by	DAYLIN RAMOS, MARKETING OFFICER
ASM	- NO ASM ASSIGNED -	RSM	- NO RSM ASSIGNED -
Area	MAIN	Region	HO
Policy Info			
App no	I9011006451	Created	2020-03-06
Plan name	(PHP) HEALTH SECURE 10	Sum assured	2000000
Currency	PHP	Premium	0
Client Info			
PLI	JOSELITO LOPEZ	Owner	JOSELITO LOPEZ
PLI occupation	Seaman	Owner occupation	Seaman
Checklist details			
DISCLAIMER	IF APPLICANT HAS 2 OR MORE APPLICATIONS, THE AMOUNT IN THE 1ST APPLICATION WILL BE ADDED TO THE AMOUNT IN THE 2ND APPLICATION.		
SUPPLEMENTAL INFO	INCLUDE SOURCE OF INFO IN SUPPLEMENTAL INFO BY SOLICITING AGENT AND INDICATE IF THERE IS SIMULTANEOUS APPLICATION.		
PAY SCHEME AUTODEBIT	REQUIRE TWO VALIDATED ADA FORMS AND PROOF OF ACCOUNT.		
HEALTH SECURE CASE OVERRIDE	SHOULD BE SUBMITTED FOR TRIAL UNDERWRITING. DO NOT COLLECT PREMIUM DEPOSIT FOR APPLICATION.		
BENEF IRREV	SUBMIT IRREVOCABLE BENEFICIARY FORM		
ROUTINE REQUIREMENT	ENSURE THE FOLLOWING ARE ATTACHED IN THE APPLICATION FORM WHEN SUBMITTING THE DOCUMENT TO NBU: SIGNED PROPOSAL, VALIDATED BILLS PAYMENT SLIP, MY DREAM SLIP, DIRECT CREDIT FACILITY FORM, CLEAR COPY OF VALID GOVERNMENT ISSUED ID WITH SIGNATURE, TRACKING SHEET.		