



Application No. _____

Policy No. _____

DATA PRIVACY CONSENT AND FATCA DECLARATION FORM

A. GENERAL INFORMATION

Name of Life Insured		Existing Policy Number/s (if any)
Name of Policy Owner/Payor		
Telephone No.	Mobile No.	Email Address

B. DATA PRIVACY STATEMENT (DPS)

United Coconut Planters Life Assurance Corporation ("Cocolife", for brevity) is subject to current and future government regulations. Therefore, Cocolife and all its policyholders will be bound by all applicable domestic and international laws relating to any matter including but not limited to information sharing, tax reporting and anti-money laundering.

Cocolife upholds an individual's data privacy rights and assures that all your personal information, sensitive personal information and privileged information (collectively, "Personal Data"), collected and to be collected, are processed in compliance to the Data Privacy Act of 2012 (RA No. 10173 and its Implementing Rules and Regulations (IRR)).

In line with this, by purchasing and continuing to avail Cocolife's products and services, you have given your consent to:

- Allow Cocolife and its authorized representatives to use, process and share Personal Data needed in the administration of your insurance policy, with any person or organization who has information about you, including authorized institutions, investigative agencies, insurers and reinsurers;
- Allow Cocolife to use your Personal Data to provide services to you or for other reasonable purposes related to the upgrading of our systems and business processes, which may include data analytics and other automated processing; and
- Allow Cocolife to use your contact details, demographic information and account details, to contact you to provide promotional information regarding our products, and to occasionally conduct surveys and studies through phone, mail, email, SMS or other communication facility. This will help us take better care of your financial protection needs.

Kindly browse through our Privacy Policy Statement in our company website to know more about the importance of your rights under the DPA. You may also send in your concerns to:

COCOLIFE Data Protection Officer
8th Floor COCOLIFE Building, 6807 Ayala Avenue, Makati City
 e-Mail address: dpo@cocolife.com

C. FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA")

Check all that apply.

Insured Payor You acknowledge that you are a United States ("U.S.") Person¹ under U.S. Laws

You acknowledge that you are NOT a U.S. Person under U.S. Laws

Insured Payor But you have at least one of the following U.S. Indicia²

And you have no U.S. indicia

*****You agree to advise us as soon as possible of any change in the information that you provided to us.*****

¹U.S. Person means: a) U.S. citizen (including dual citizens); b) U.S. permanent resident (green card holders); c) Individual that have stayed for a substantial number of days in the U.S. (i.e. more than 31 days during the current year or a total of 183 days during the 3-year period that includes the current year and the 2 years immediately before that); d) U.S. corporations, partnerships, and trusts created under US law; or e) Foreign (non-U.S. registered) entities that are substantially owned by a U.S. Person (more than 10% of the entity by vote or value).

² a) U.S. Place of Birth; b) U.S. mailing or residence address (including a U.S. post office box); c) U.S. telephone number; d) A standing instruction to transfer funds to an account maintained in the United States; e) A currently effective power of attorney or signatory authority granted to a person with a U.S. address; or f) An "in-care-of" or "hold mail" address that is your sole address.

CONSENT

I/We, the undersigned hereby certify that I/We explicitly and unambiguously consent to the collection, processing, sharing, storing of my/our personal and sensitive personal information by COCOLIFE for the purposes/s described in this Privacy Policy. I/We hereby certify that I/We carefully understood and comprehend the terms above before giving our consent.

Indicate Date: _____ Time: _____

Name and Signature of Insured/Borrower

Name and Signature of Parent/Guardian
(If insured is below 18 y/o)

Right Thumbmark
 (Insured/Borrower)

Right Thumbmark
 (Policy Owner / Payor)

Indicate Date: _____ Time: _____

Name and Signature of Policy Owner/Payor

Name and Signature of Agent/Witness

(If unable to sign or if signature is in block letters)

(If unable to sign or if signature is in block letters)