

Guaranteed Life Plan

I understand that this does not obligate me in any way & that I will have the opportunity to inspect my policy for up to 10 days before I accept it. I understand that the insurance will take effect when my policy is issued and I have paid my first premium during my lifetime and good health.

**15-DAY
FREE LOOK
GUARANTEE**

Please Print (Full Name)

Mr.	Mrs.	Ms.			
			First Name	M.I.	Last Name
Address					
Zip Code		Occupation		Date of Birth	
Mobile No.		Tel. No.		Age	Male Female
Place of Birth		Nationality		E-mail	
Buss. Address					
Zip Code		Office Tel. No.			
Full Name of Beneficiary		Revocable		Irrevocable	
Relationship to You <small>(Must be next of kin)</small>		(If there is more than one beneficiary, please write on a separate paper including their relationship to you.)			

In case of Premium Default, I elect (check one box only):

<input type="checkbox"/> Paid-up Insurance Option <input type="checkbox"/> Automatic Payment of Premium Option	<input type="checkbox"/> Cash Surrender Option
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The moment there is a default in premium payment until the end of the grace period provided in the Policy and no option has been elected, the Paid-Up Insurance Option shall automatically take effect.

Other Life Insurance Policies
Do you have other life insurance policies inforce with other companies?

Yes No If yes, please provide details:

Company	Basic/Cover	Accident Rider/Year Issued			
Is the policy applied for intended to change or replace any existing inforce policies? If yes, please complete Replacement Notification Form that we will send you.				Yes	No

Please check the number of units you desire:

1 Unit	2 Units	3 Units	5 Units	7 Units	10 Units	15 Units	20 Units
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Credit Card Authorization (If paying via credit card only)

I authorize Paramount Life to charge my premiums to my credit card.

<input type="checkbox"/> American Express <input type="checkbox"/> Any Visa or Mastercard	<input type="checkbox"/> Diners <input type="checkbox"/> JCB
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Cardholder's Name	
Card Number	Expiry Date
Tel./Mobile No.	Amount

I hereby understand and agree that should my Credit Card be refused by the Credit Card Company for whatever reason, failing to meet my financial obligation, this premium payment arrangement shall be immediately revoked/cancelled even without prior notice to me. I further agree that Paramount Life shall not be held liable in case of termination of the Policy as a result of such revocation/cancellation.

Data Privacy Act

I hereby consent to the processing of the personal data stated above whether manually or via electronic channels, including but not limited to the collection, usage, storage, customer/client profiling, and disclosure to third parties, by Paramount Life & General Insurance Corporation (hereafter, "PLGIC"), its subsidiaries, affiliates, directors, officers, employees, and agents (a) to verify and/or confirm any or all the information provided or representation made, (b) to provide, facilitate, monitor, improve the quality of, or otherwise service my account and such products, services, and facilities and/or channels availed by me or may be offered by PLGIC, (c) for marketing purposes, and (d) to comply with legal, regulatory or other obligations of PLGIC under applicable local or foreign laws, rules and regulations.

I likewise consent to the processing of the personal data stated above whether manually or via electronic channels, including but not limited to the collection, usage, storage, and customer/client profiling, by authorized third parties for the foregoing purposes.

Such processing may be conducted for the duration of my avilment of PLGIC's products, services, facilities and/or channels. I further consent that the personal data stated above shall be retained by PLGIC for an additional period of at least five (5) years, or for a longer period if the personal data is related to or required to be preserved for litigation or to comply with legal or regulatory requirement. I likewise consent to the correction, amendment, deletion and/or disposal by PLGIC, its subsidiaries, affiliates, directors, officers, employees, agents, and authorized third parties, of my personal data which may be inaccurate or incorrect.

I attest that I have been made aware of and understood my rights as data subject and how these can be exercised, and that I was informed of the nature, extent and processing of the personal data I provided. I understand and agree that the consent hereby given may be revoked or withdrawn though formal written notice to PLGIC.

Finally, I authorize PLGIC, its subsidiaries, affiliates, directors, officers, employees, agents, and authorized third parties to obtain such other information they may deem necessary to verify or confirm the personal data declared or the documents furnished in relation to this application, and that I agree that such documents may remain in the possession of PLGIC whether or not this application is granted, for the purposes above mentioned.

Cardholder's Signature <small>(SIGN - DO NOT PRINT)</small>	<input style="width: 100%; height: 20px;" type="text"/> Date
Applicant's Signature <small>(SIGN - DO NOT PRINT)</small>	<input style="width: 100%; height: 20px;" type="text"/> Date

For inquiries or concerns relating to the privacy and security of your personal data or information submitted to Paramount Life & General Insurance Corporation (PLGIC), please contact the office of the Data Protection Officer (DPO) thru the following:

The Data Protection Officer 15th Floor, Sage House Building 110 V.A. Rufino Street, Legaspi Village, Makati City 1229	E-mail: dataprotectionofficer@paramount.com.ph Tel. No.: +632 772 9267 Mobile Nos.: +639176764846
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A department of:

