

CONTACT UPDATE FORM

As part of the Company's obligation to update the information on our policyholders, kindly write your information below:

Policyholder: _____ Policy Number _____

Address: _____

Mobile Number: _____ Landline _____

Email Address: _____

Source of Funds: _____

In addition, we would like to obtain additional information about your designated beneficiary/ies in compliance with the requirement of the Insurance Commission under Section 6 of Circular Letter No. 2019-65.

Beneficiary/ies:

Name	Address	Birthdate	Birthplace	Contact Number	Gender	Nationality	%

I/We, the undersigned Owner/Payor and/or Irrevocable beneficiary(ies) expressly consent to the collection, processing, storing and sharing of the personal information and sensitive personal information (as defined under Republic Act No. 10173 or the Data Privacy Act) provided above for the following purposes: (a) processing of my/our application, (b) administration of my/our policy/ies and its benefits, and (c) performance of any other actions as may be necessary to implement the terms and conditions of our contract.

I/We also confirm and certify that I/we have obtained the consent of my/our parents, spouse, children, dependent/s or about another person, as may be applicable, to disclose and process their personal information and sensitive personal information for the above-stated purposes.

I/We acknowledge, confirm, and certify that I/we have read, understood, and agreed with the statements and authorization above as well as Cocolife's Privacy Policy (<https://www.cocolife.com/about-us#privacy-policy>).

Signature of Insured/Payor Over Printed Name