| AUTO-DEBIT ARRANG   | GEMENT ENROLLME              | NT FORM - 🗖 R  | legular 🗖 Telem   | narke            | eting 🗖 EPDI                |
|---|------------------------------|--|---|------------------|-----------------------------|
| Bank Accountholder's Name  *Indicate if there is "And/Or" |                              | Bank Account Number:  O Savings Account O Checking Account |   | Bank Name:       |                             |
|   |                              |  |   | Bank Branch:     |                             |
| Telephone Number  | Mobile Number                |  | Email Address   |                  |                             |
| Premium Amount  |                              |  | Policy Number   |                  | cy Number                   |
| Effective Due Date of Charging                            |                              | ng ( <i>from date of eff</i><br>Quarterly O Semi-          | • ,   | ation of Billing |                             |
| Bank Accountholder's Billing Address                      |                              |  | Requirements: - ADA Form - Photocopy of Valid ID with signature |                  |                             |
| Signed at(Place)  | n Date)                      | For BOS/DAE/AE/AUTHORIZED USD Use Onl Verified by:         |   |                  |                             |
| Bank Accountholder's Signature over Printed Name          |                              |  | Signature over Printed Name Note:                               |                  |                             |
| * For Promo Sales Operations Accounts<br>Business Day.    | s - If due date falls on a W | eekend or Holiday, b                                       | lling may be processed  | d befor          | e the due date on a Regula  |
| POL ADMIN -045-0313-1                                     |                              |  | Prenare ir  | 2 con            | ies (1 - HO; 2 - Policyhold |

| ()COCOLIFE   |                             |   |   |        |                                |  |
|--|-----------------------------|---|---|--------|--------------------------------|--|
| AUTO-DEBIT ARRANG  | GEMENT ENROLLME             | ENT FORM - 🗖 i  | Regular 🗖 Telema  | arke   | eting DEPDI                    |  |
| Bank Accountholder's Name  *Indicate if there is "And/Or"  |                             | Bank Account Number:  O Savings Account O Checking Account                                    |   |        | Bank Name:                     |  |
|  |                             |   |   | unt    | Bank Branch:                   |  |
| Telephone Number   | Mobile Number               | Email Address   |   |        |                                |  |
| Premium Amount   |                             |   | Policy Number   |        |                                |  |
| Effective Due Date of Charging   |                             | Frequency of Billing (from date of effectivity)  o Monthly o Quarterly o Semi-Annual o Annual |   |        | Duration of Billing            |  |
| Bank Accountholder's Billing Address   |                             |   | Requirements: - ADA Form - Photocopy of Valid ID with signature |        |                                |  |
| Signed at on  (Place) (Transaction Date)  Bank Accountholder's Signature over Printed Name  ** For Promo Sales Operations Accounts - If due date falls on a Weekend or Holiday |                             |   | For BOS/DAE/AE/AUTHORIZED USD Use Only Verified by:             |        |                                |  |
|  |                             |   | Signature over Printed Name Note:                               |        |                                |  |
| Business Day.  | - II due date latis oil a W | eekend of Hollday, D  | ming may be processed b   | JE1016 | e the due date on a Regulai    |  |
| POL_ADMIN -045-0313-1  |                             |   | Prepare in 2  | 2 сор  | ies (1 - HO; 2 - Policyholder) |  |