



CREDIT CARD ARRANGEMENT ENROLLMENT FORM

By affixing my signature below:

- I authorize COCOLIFE to deduct/charge from my Credit Card Account the subsequent premiums of the policy/ies indicated below.
- I understand that billing/charging from my account will be every policy due date or if due date falls on a Weekend or Holiday, billing/charging maybe processed before the due date on a regular business day. In case of unsuccessful billing result, a continuous billing maybe facilitated within the 31-days grace period to keep my policy inforce.
- I agree to pay the cash charges, together with any charges due thereon, subject to, and in accordance with, the Terms and Conditions governing the use of credit card availment of the credit cardholders.
- I understand that the bank reserves the right to reject any charges of the insurance premiums due to the following reasons:
 - credit card is suspended;
 - credit card is cancelled;
 - credit card has expired;
 - credit has not available balance; or
 - the accreditations of COCOLIFE has been suspended or terminated.

In which case, the bank shall not be liable for any actions/claims relating to disputes between the Policyowner/credit cardholders and COCOLIFE.
- I understand that I have to inform COCOLIFE should there be changes in the account given (new expiry date, updated account number, etc), otherwise, billing may be not facilitated and may cause my policy to LAPSE.
- Further, should I decide to terminate this enrollment, a signed letter of request addressed to COCOLIFE must be submitted to the Home Office or any of its Sales Offices.

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CARD NUMBER

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EXPIRY DATE

PRODUCT TYPE	POLICY/CERTIFICATE NUMBER	POLICY OWNER'S NAME

FOR CLIENT'S Use Only		FOR BOS/AUTHORIZED USD Use Only	
_____	_____	Verified By: _____	_____
Signature over Printed Name	Date	Signature over Printed Name	Branch

ADC-025-0817-1



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