

## CREDIT CARD ARRANGEMENT ENROLLMENT FORM

## By affixing my signature below:

- 1. I authorize COCOLIFE to deduct/charge from my Credit Card Account the subsequent premiums of the policy/ies indicated below.
- 2. 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.
- 3. 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.
- 4. I understand that the bank reserves the right to reject any charges of the insurance premiums due to the following reasons:
  - (a) credit card is suspended;
- (d) credit has not available balance; or
- (b) credit card is cancelled;(c) credit card has expired;
- (e) 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.

  5. 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.

6. 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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PRODUCT TYPE	POLICY/CERTIFICATE NUMBER					POLICY OWNER'S NAME									
FOR CLIENT'S Use Only				FOR F	ROS/AI	ITHORI	ZED IIS	D Hea	Only						
1 OK CLIENT 3 USE OTHY					FOR BOS/AUTHORIZED USD Use Only										
Signature over Printed Name		Verified By:Signature over				Printed Name Bra				Branch					
3y affixing my signature below:  1. I authorize COCOLIFE to deduct/  2. I understand that billing/charging processed before the due date on grace period to keep my policy inf  3. I agree to pay the cash charges, to	from my account of a regular business force.  Dogether with any characters are seen as a second control of the	will be every s day. In case	policy du e of unsuc	e date o	if due of the instance of the	date falls sult, a con	on a Wee tinuous bil	kend or Iling ma	r Holic lybe fa	day, b acilitat	illing/ch ted with	nin the 3	1-days		
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FOR BOS/AUTHORIZED USD Use Only

Signature over Printed Name

Branch

Verified By:

Date

FOR CLIENT'S Use Only

Signature over Printed Name