

Enrollment Form for the Golden Life Advantage Plan



Please send me my Golden Life Advantage Plan policy. I understand that this does not obligate me in any way and 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.

Please Print (Full Name)

Mr. Mrs. Ms. _____
First Name M.I. Last Name

Address _____

Zip Code _____ Tel. No. _____

Mobile No. _____ E-mail Address _____

Date of Birth _____ Age _____ Male Female

Place of Birth _____

Occupation/Profession _____

Full Name of Beneficiary _____

Relationship to You _____

Revocable

Irrevocable

TIN _____ SSS Number _____ GSIS _____

Please check the plan you require

1 Unit

2 Units

3 Units

5 Units

8 Units

10 Units

15 Units

20 Units

In case of premium default, I elect : (check one box only):

Automatic Payment of Premium Option

Cash Surrender Option

Paid-up Insurance Option

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.

For Lifeline Rescue's EQRP, I prefer to protect:

My whole household for 1 year for only P700.

Applicant's
Signature ✓

Date _____

(SIGN - DO NOT PRINT)

Credit Card Authorization (If paying via credit card):

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

American Express

Bankard / JCB

Diners Club

Any Visa or Mastercard

Cardholder's Name _____

Card Number _____ Tel No./ Mobile No. _____

Expiry Date _____ 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.

Cardholder's
Signature ✓

Date _____

(SIGN - DO NOT PRINT)



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Paramount Life & Gen,
Madaling kausap.

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