

Guaranteed Life Plan



Please send me my **Guaranteed Life 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 _____ Mobile No. _____

Tel. No. _____ E-Mail _____

Date of Birth _____ Age _____ Male Female

Place of Birth _____

Occupation/Profession _____

Business Address _____

Zip Code _____ Tel. No. _____

Source of Funds _____

TIN _____ GSIS No. _____ SSS No. _____

Full Name of Beneficiary _____
 Revocable Irrevocable

Relationship to You _____

(If there is more than one beneficiary, please write on a separate paper including their relationship to you.)

In case of Premium Default, I elect (check one box only):

- Automatic Payment of Premium Option Paid-up Insurance Option
 Cash Surrender 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.

Please check the number of units you desire:	<input type="checkbox"/> 1 Unit	<input type="checkbox"/> 5 Units	<input type="checkbox"/> 9 Unit	<input type="checkbox"/> 13 Unit	<input type="checkbox"/> 17 Unit
	<input type="checkbox"/> 2 Units	<input type="checkbox"/> 6 Unit	<input type="checkbox"/> 10 Units	<input type="checkbox"/> 14 Unit	<input type="checkbox"/> 18 Unit
	<input type="checkbox"/> 3 Units	<input type="checkbox"/> 7 Units	<input type="checkbox"/> 11 Unit	<input type="checkbox"/> 15 Units	<input type="checkbox"/> 19 Unit
	<input type="checkbox"/> 4 Unit	<input type="checkbox"/> 8 Unit	<input type="checkbox"/> 12 Unit	<input type="checkbox"/> 16 Unit	<input type="checkbox"/> 20 Units

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 Any Visa or Mastercard

Cardholder's Name _____

Card Number _____ Tel. 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)

