

LIFE PLAN APPLICATION FORM

GOLD

DSR No.:
Transmittal No.:
Final Contract No.:

Application Date

monthdayyear

Plan Type☒ GOLD

Type of Sale☐ INDIVIDUAL☐ CORPORATE☐ INSTITUTIONAL☐ EMPLOYEE

Planholder's Name (Last, First, Middle Names - separate names with commas)

Planholder's Home Address

House No. /Apt.No. /Lot-Block No. Street Name

Village / Subdivision

City / Municipality / Province Zip Code

Business Address

Building Address No. Street Name

Village / Subdivision

City / Municipality / Province Zip Code

Planholder's Birthdate Civil Status Gender

Hgt Wgt Occupation Annual Income TIN SSS GSIS

Tel.No. Mobile No. EMail

CUSTOMER'S INFORMATION

Spouse's Name (Last, First, Middle Names - separate names with commas)

Spouse's Birthdate Occupation

Tel.No. Mobile No. EMail

SPOUSE'S INFORMATION

Contract Price Base Value No. of Units

Mode of Payment Spot Cash 5 Year Installment

Initial Payment Pesos Regular Installment Pesos

Mode of Installment Monthly Quarterly Semi-Annual Annual

CONTRACT DETAILS

☐ Same as Planholder Relationship TO Planholder

Payor's Name (Last, First, Middle Names - separate names with commas)

Payor's Billing Address

House No. /Apt.No. /Lot-Block No. Street Name

Village / Subdivision

City / Municipality / Province Zip Code

Payor's Birthdate Civil Status Gender

Tel.No. Mobile No. EMail

PAYOR'S INFORMATION

Please use a separate sheet for additional beneficiaries information (names, birthdates, relationship to planholder and addresses) if space provided is not adequate.

Beneficiary's Name (Last, First, Middle Names) Birthdate Relationship TO Planholder Address

BENEFICIARY'S INFORMATION

HEALTH DECLARATION BY PLANHOLDER

☐ Payor is Planholder☐ Payor is not Planholder

I do not know, never had, nor consulted any physician for:

☐ cerebral hemorrhage☐ undergone any hospitalization during the past five (5) years

☐ heart disease☐ any disease, injury or impairment not mentioned herein

☐ cancer or tumor

☐ diabetes

☐ I have never been declined, accepted substandard, postponed nor offered a policy different from that applied for.

☐ I possess sound health and able to perform the normal activities in pursuit of livelihood free from any physical or mental infirmity.

EXCEPTIONS:

Signature of Planholder

PAYOR DECLARATION

☐ I hereby declare that the Planholder is alive at the date of this application.

☐ I agree that in the event that the planholder is not alive at the time that this application is signed and the premium is paid, there shall be no contract of insurance and I shall not be entitled to any whatsoever.

EXCEPTIONS:

Signature of Payor

SOC Code

BUSINESS MANAGER (Signature over printed name)

Mode of Correspondence: Mail or Courier SMS (Text) EMAIL

Loyola documents to be sent via: Mail Pick-up

Final Contract and Billing Notices to be sent to : Planholder Payor

Encoded by: Signature over printed name Date Encoded

Verified by: Signature over printed name Date Verified