Automatic Charge Arrangement Enrolment Form	19/F W Fifth Avenue Bldg., 5th Avenue cor. 32nd Street,
	Bonifacio Global City, Taguig City 1634, Philippines T (632) 888 8393 F (632) 558 7393 H (632) 888 8388 www.fwd.com.ph FWP/FSC Code m is received by FWD after 2:00PM, it shall be considered as a next day transaction.
1. General Information of Policy Owner (Your personal information in our datab	ase shall be updated based on the details you provide below.)
Name of Owner Title Last Name First Name Contact Information: Country Code Area Code Residential Telephone Number () () Business/Office Telephone Number () () Mobile Phone Number () () Preferred Mailing Address: © Email © Business/O E-mail Address	Ext Name Middle Name Telephone/Mobile Number
2. Credit Card Details	
Name of Credit Card Owner as it appears on Card Card owner is Policy Owner Insured Chard Chard Chard Credit Card Number Credit Card Number Chard Chard Chard Chard Chard Chard Chard Chard Chard Chard O Visa MasterCard O JCB AmEx	Arging Request : Arging Request : Expiry Date m m y y y y M m d d y y y y Amount to be Charged
4. Affirmation Section	
I certify that I am the credit card owner and the Owner or Insured of this Policy. I hereby authorize FWD and the credit card company to automatically charge my credit card as this Policy's premium becomes due. I understand that only the available credit limit shall be utilized. If the balance is insufficient on charge date, FWD may send me SMS/email notification and initiate charging again to my account , as it deems necessary and at its sole discretion. If no payment is charged from the above account, FWD will not consider that premium for my policy to have been paid and I will have to pay the premium through other payment methods to keep my Policy in force. I also understand that I may withdraw from this premium payment arrangement effective 30 days after receipt by FWD of a written notice of withdrawal. I represent that I am NOT a U.S. citizen, U.S person, U.S. passport holder, or Green Card holder for purpose of U.S. federal income tax and that I am not acting for or on behalf of a U.S. citizen or Green Card holder. If my tax status changes and I become a U.S. citizen or Green Card holder, I will notify FWD within thirty (30) days. (This clause is not applicable to U.S. citizens or Green Card holders). Otherwise, please provide details below. U.S. Tax Identification Number : U.S. Permanent residence address : U.S. I.D./Passport No./Green Card No :	
I/We hereby agree that should above request be approved by FWD, such reque in accordance with its terms. Place Signed	st shall, from the date of such approval, amend the relevant Policy provisions m d y y y Date: / /
Credit Card Owner's Signature over Printed Name Policy Owner's Signature over Printed Name FWP/FSC/Witness	
Notes: (1) This section must be signed by the Policy Owner, if he is not the Credit Card Owner. (2) The witness should be a disinterested adult person.	
5. Data Protection	
FWD has appointed a Data Protection Officer to handle any inquiries relating to your personal information. If you would like to obtain a copy of the FWD Life Insurance Corporation Personal Data Policy and Practices, please write to the Corporate Data Protection Officer at 19/F, W Fifth Avenue Bldg., 5th Avenue cor. 32nd Street, Bonifacio Global City, Taguig City, 1634, Philippines	

PLEASE DO NOT SIGN ON A BLANK FORM.