

Third Party Payor Form



Policy Number

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1. Policy Owner

Title	First Name	Middle Name	Last Name	Ext Name
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2. Third Party Payor Information (Individual)

Title	First Name	Middle Name	Last Name	Ext Name
Relationship with Policy Owner		Date of Birth (mm/dd/yyyy)	Gender	
Place of Birth		Country of Birth	Nationality	
ID Type	ID number	Expiry Date	TIN/SSS/GSIS No. (if applicable)	
Current Address				
Email Address		Primary Contact Number	Secondary Contact Number	
Reason for Payment				

3. Third Party Payor Information (Entity)

Corporate Name		
Name of Authorized Representative		
Business Address		
Email Address	Primary Contact Number	Secondary Contact Number
Relationship with PO		
Reason for Payment		

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5. Declaration

I UNDERSTAND AND CONFIRM THAT:

1. The information I have provided above and in any supporting documents and/or records (collectively defined as this 'Form') are true and complete, and shall form part and be the basis of the assessment of this request and approval. I understand that providing false, inaccurate, or incomplete information may result in my transaction request being denied and shall give FWD the right to cancel the Policy, repudiate the claim, or forfeit all payments to be made.
2. I understand that my request (if applicable) for policy change, reinstatement, or addition of coverage/rider which requires evidence of insurability shall not take effect unless duly approved by FWD and any required payment for the transaction request is paid in full. I further understand that the Incontestability and Suicide Exclusion provisions in the Policy shall apply and the period stated thereunder shall run upon FWD's approval of the request for reinstatement, increase or decrease of sum insured or rider.
3. I have fully disclosed all of my citizenships, tax status, residencies, relevant taxpayer identification numbers and agree to notify FWD within thirty (30) days of any changes to the above information. For the purposes of ensuring continued compliance, FWD may request information and/or documents from me including completed, executed and, if necessary, notarized tax declarations or forms.
4. The amounts invested in my policies have been declared to the relevant government and tax authorities (within or outside the Philippines) and none were derived, directly or indirectly, from illegal or unlawful activities and sources or from tax evasion. I authorize FWD to withhold payment of any amounts due to myself, my beneficiaries, claimants, assignees and/or payees if required by any relevant government or tax authorities (within or outside the Philippines).

5. **Data Privacy and Consent Declaration**

By signing and submitting this Form to FWD, I expressly consent to the following:

- a. FWD may collect, use, and store the information provided in this Form to process my request and to service my policies. These shall also be used to update and/or form part of my existing account information and may further be processed and shared for underwriting, reinsurance, policy issuance and administration, claims adjudication, data analytics, historical and scientific research, profiling, risk management, enhancement of products and services, identity verification, protection against fraud, and to comply with legal, regulatory, or contractual requirements. I acknowledge that in certain instances, my information may be processed through automated means.
- b. I understand that FWD reports to its parent company located in Hong Kong and Singapore, and may engage third-party service providers and partners who, in some

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instances, may be located outside the Philippines. As necessary, my personal and policy information may be processed, shared, stored, and be subject to the laws of these foreign jurisdictions. FWD and its affiliates (FWD Group), third-party service providers and partners, shall protect the confidentiality of my personal data in a manner consistent with data protection principles and applicable laws and regulations.

- c. I authorize FWD to disclose my personal and financial information to FWD Group and any government or tax authority (within or outside the Philippines) for the purposes of ensuring FWD's continual compliance with applicable laws, regulations, guidelines, and good market practices. I also agree that FWD has the right to require any of my beneficiaries, claimants, assignees and/or payees to:
- i. provide FWD with their respective personal and financial information;
 - ii. sign and submit such documents as FWD may reasonably require; and
 - iii. authorize FWD to disclose such personal and financial information to relevant Filipino and/or foreign government and/or tax authorities.
- d. To process my rewards, I confirm that FWD may share my information to its rewards partners who may also process my information based on their own privacy policy.
- e. FWD may contact me to request or clarify information to process this application, send me policy information, conduct surveys, and perform other relevant activities to service my policy/ies.
- f. To ensure FWD's continued service where my servicing intermediary, agent or Financial Solutions Consultant (FSC), is no longer connected with FWD, I authorize FWD to assign and inform me of my new servicing intermediary, who shall have access to my data for purposes of serving my policy/ies.
- g. I attest that I have obtained the consent of the Policy Insured, Beneficial Owner (if any), Beneficiary/ies, Payor (if any) and all other data subjects in this Form for the processing of their information for purposes listed above.
- h. I understand that my personal data will be retained for as long as necessary for the fulfillment of the purpose specified or in accordance with applicable laws.
- I agree to FWD's Data Privacy and Consent Declarations
- I wish to be informed on FWD's products, and other promotional information that I might be interested in through the following methods of communication:
- SMS Email Call

Privacy Policy:

Your privacy is a priority for FWD. The Company keeps your personal information about the products and services you have with us in confidence. For more information on how we collect, use, store, and protect your personal data, you may read our Privacy Policy through our website at <https://www.fwd.com.ph/en/privacy-policy>. You may also email our Data Protection Office at dataprotection.ph@fwd.com for any privacy concerns related to your information provided to us.

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Place of signing: _____

Date: _____
MM / DD / YYYY

Policy Owner's Signature over Printed Name

PLEASE DO NOT SIGN ON A BLANK FORM
