

Automatic Charge Arrangement Enrolment Form



Policy Number

FWP/FSC Code

Please fill in block letters & tick appropriate boxes and circles. If this completed form 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 database shall be updated based on the details you provide below.)

Name of Owner
 Title Last Name First Name Ext Name Middle Name

2. Credit Card Details

Name of Credit Card Owner as it appears on Card

Card owner is Policy Owner Insured Acceptable Third Party Payor Charging Request: Recurring ACA One Time Credit Card Charging (MOTO)

Credit Card Number Expiry Date / Premium Due Date / /

Visa MasterCard JCB AmEx Amount to be Charged

3. Acceptable Third Party Payor (TPP) Information – if Credit Card Holder is not the Policy owner

Name of Acceptable Third Party Payor (TPP)
 Title Last Name First Name Ext Name Middle Name

Date of Birth (mm/dd/yyyy) Place of Birth Gender Nationality

Current Address

Mobile No Email Address Occupation Employer/Nature of Business

Source of Funds Annual Income Relationship to the Owner Reason for Third Party Payment

Valid ID ID Number Expiry Date

Acceptable TPP:
 - Insured, Spouse, grandparents, parents, siblings, and children of PO
 Requirements: ACA Form, TPP Form, Proof of Relationship, Government Issued ID of TPP

4. Affirmation Section

I certify that I am the credit card owner and the Owner or Insured or Third Party Payor of this Policy. I hereby authorize FWD to automatically charge my credit card as this Policy's premium becomes due. In the event that the credit card company declines the transaction for reasons attributable and made known to me, such insufficient balance or credit card expiry, I understand that FWD will consider the premium for my policy as unpaid 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 request shall, from the date of such approval, amend the relevant Policy provisions in accordance with its terms.

Place Signed 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

Your privacy is a priority for FWD. The Company keeps your personal information about you and the products and services you have with us in confidence. For more information about our Privacy Policy, kindly visit 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.

Please do not sign on a blank form.