



AUTHORIZATION

TO: INSULAR LIFE

ATTN: Collections & Disbursement Department

Yes, I'd like to pay premiums and loan interest due on the following Insular Life policies through (Please tick off appropriate box):

- AMEX
- JCB
- UNIONBANK VISA
- BPI EXPRESS CREDIT CARD
- MASTERCARD (Issuing Bank _____)
- VISA (Issuing Bank _____)
- BANKARD

NAME OF INSURED	POLICY NUMBER	PREMIUM	DUE DATE

Cardmember's Name _____

Cardmember's Date of Birth _____

CARD Number _____

CVV2/CVC2 Number* _____

Expiry Date _____

Billing Address _____

Telephone Number _____

Cellphone Number _____

Fax Number _____

E-mail Address _____

I understand that until this authorization is confirmed in writing by Insular Life, I shall continue paying my premiums and/or other account directly to Insular Life. Once confirmed, however, this arrangement shall remain in force for as long as I remain a CARDmember in good standing. In case of discontinuance of this arrangement for whatever reason, I shall pay the premiums and/or other accounts directly to Insular Life.

I also understand that I may withdraw from this premium payment arrangement effective 45 days after giving Insular Life a written notice of withdrawal.

CARDMEMBER'S SIGNATURE

DATE

- CVV2/CVC2 are the last 3 digit numbers indent printed at the signature panel at the reverse side of the credit card