

**INSURED MEMBER INFORMATION**

Company:		Policy Number:	
Last Name:	First Name:	Middle Name:	
Date of Birth:	Civil Status:	Gender:	
Date Employed:	Designation:		

**DESIGNATION OF LIFE INSURANCE BENEFICIARIES**

1. Designation of unlawful spouse as beneficiary is unacceptable.
2. Beneficiary designation is subject to the provisions stated in the Group Master Policy.

Name of Beneficiaries	Relationship to Employee	% Share of Benefits	Date of Birth

If the beneficiary listed above passes before me, the interests of such beneficiary shall, unless otherwise provided above, accrue to the surviving beneficiaries, or, if none, to be paid in accordance with the contractual provision. I reserve the right to change any beneficiary listed above.

I request membership in the group plans indicated above for which I am, or may become, eligible. I agree, if admitted, to the deduction of the appropriate contribution from my pay, if applicable, and to produce evidence of age if required.

I hereby declare that all statements and all answers to the questions on this page are complete and true to my knowledge.

I agree and authorize Philam Life to collect, record, organize, store, update, modify, retrieve, consult, use, consolidate, block, erase, destroy, transfer, and disclose any information (collected or held) to its affiliated companies (including but not limited to any of its subsidiaries/affiliates in the Asia Pacific Region), financial advisor, accredited/affiliated third parties or independent/non-affiliated third parties, whether local or foreign, with regard to matters or information pertaining to myself and this application or any updates thereof, for any legitimate business purpose, to effectively administer my policy/account, enhance customer services, or to communicate with me for any purpose. This authorization remains valid and subsisting until such time that I have informed in writing Philam Life of such revocation/cancellation.

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**Signature of Employee**

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**Date signed**