

REQUEST FOR EXTENSION OF GRACE PERIOD

15F-18F Net Lima Building, 5th Avenue corner 26th Street, Bonifacio Global City, Taguig 1634

Agent Code **POLICY NUMBER** Fill out \Box with block letters. Put \boxtimes on the tick boxes representing options. **PART I - CONTACT INFORMATION UPDATE** I agree to update my contact information record with Philam Life based on the details in this section. LAST NAME Office Telephone: Residence ex: (044) 123-4567 FIRST NAME Mobile Phone 6 3 +63-900-1234567 MIDDLE NAME E-Mail Address If you want to receive e-notices in lieu of hard copy billings, accomplish the E-Notice Enrollment Form Preferred Mailing Address Residence Office House / Building / Lot No., Name of Street Zip Code District City Province REQUESTED TRANSACTION/S **EXTENSION OF GRACE PERIOD** I would like to request for the extension of the Grace Period on my quarterly/semi-annual/annual premium due: I understand that this extension is a special privilage offered by the Philam Life to its Policy Owners once every policy year. Hence, the next extension may be requested earlier than: Place Signed Date: Owner's Signature over Printed Name PLEASE DO NOT SIGN ON A BLANK FORM. For Philam Life Note: Please present this approval together with your payment Your Premium may now be paid on: Approved by:

POS FORM 1234567890

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