Loyola

LOYOLA PLANS CONSOLIDATED, INC.

Loyola Plans Building , A. Arnaiz Avenue, Makati City P.O. Box 2574 MCPO
Tel. Nos: 892-6061; 817-0000 TIN 217-602-034-000 VAT

DSR No.:
Transmittal No.:
Final Contract No.:

Application Date (month / day / year)

LIFE PLAN APPLICATION FORM

PRIME / PREMIUM

Plan Type ☐ PRIME ☐ PREMIUM | Type of Sale ☐ INDIVIDUAL ☐ CORPORATE ☐ INSTITUTIONAL ☐ EMPLOYEE

CUSTOMER'S INFORMATION

Planholder's Name *(Last, First, Middle Names - separate names with commas)*

Planholder's Home Address

House No. /Apt.No. /Lot-BLock No. | *Street Name*

Village / Subdivision

City / Municipality / Province | *Zip Code*

Business Address

Building Address No. | *Street Name*

Village / Subdivision

City / Municipality / Province | *Zip Code*

Planholder's Birthdate (*Month* / *Day* / *Year*) Civil Status ☐ *Single* ☐ *Married* ☐ *Widow/er* ☐ *Separated* Gender ☐ *Male* ☐ *Female*

Hgt (*Feet* / *Inches*) Wgt (*Pounds*) Occupation Annual Income TIN ☐ SSS ☐ GSIS

Tel.No. Mobile No. EMail

SPOUSE'S INFORMATION

Spouse's Name *(Last, First, Middle Names - separate names with commas)*

Spouse's Birthdate (*Month* / *Day* / *Year*) Occupation

Tel.No. Mobile No. Email

CONTRACT DETAILS

Contract Price | Base Value | No. of Units

Mode of Payment ☐ *Spot Cash* ☐ *5 Year Installment* Mode of Installment ☐ *Monthly* ☐ *Quarterly* ☐ *Semi-Annual* ☐ *Annual*

Initial Payment *Pesos* Regular Installment *Pesos*

PAYOR'S INFORMATION

☐ Same as Planholder Relationship TO Planholder

Payor's Name *(Last, First, Middle Names - separate names with commas)*

Payor's Billing Address

House No. /Apt.No. /Lot-BLock No. | *Street Name*

Village / Subdivision

City / Municipality / Province | *Zip Code*

Payor's Birthdate (*Month* / *Day* / *Year*) Civil Status ☐ *Single* ☐ *Married* ☐ *Widow/er* ☐ *Separated* Gender ☐ *Male* ☐ *Female*

Tel.No. Mobile No. Email

BENEFICIARY'S INFORMATION

Please use a separate sheet for additional beneficiaries information (names, birthdates, relationship to planholder and addresses) if space provided is not adequate.

Beneficiary's Name *(Last, First, Middle Names)*	Birthdate	Relationship TO Planholder	Address

INSURANCE HEALTH DECLARATION BY PLANHOLDER

I do not know, never had, nor consulted any physician for:

- ☐ cerebral hemorrhage
- ☐ heart disease
- ☐ cancer or tumor
- ☐ diabetes
- ☐ undergone any hospitalization during the past five (5) years
- ☐ any disease, injury or impairment not mentioned herein

☐ I have never been declined, accepted substandard, postponed nor offered a policy different from that applied for.

☐ I possess sound health and able to perform the normal activities in pursuit of livelihood free from any physical or mental infirmity.

☐ I understand and agree that the insurance of this application is based on the insurance declarations appearing hereon, and is subject to the provisions under the group life insurance policy to be issued to Loyola Plans Consolidated, Inc. by a reputable life insurance company, licensed to carry on business in the Philippines.

EXCEPTIONS:

Signature of Planholder

SOC Code

BUSINESS MANAGER (Signature over printed name)

Mode of Correspondence: ☐ *Mail or Courier* ☐ *SMS (Text)* ☐ *EMail*

Loyola documents to be sent via: ☐ *Mail* ☐ *Pick-up*

Final Contract and Billing Notices to be sent to : ☐ *Planholder* ☐ *Payor*

Encoded by:

Signature over printed name | Date Encoded

Verified by:

Signature over printed name | Date Verified

Note: After two (2) years of lapsation, the lifeplan's termination value shall be used as part of the memorial service budget at any Loyola Accredited Memorial Chapel.