



Authorization for Automatic Charging Option (ACO)

TO: INSULAR LIFE

I would like to enroll my credit card in the Automatic Charging Option (ACO), to pay the premiums and interest charges, if any, for the following policy/ies of _____ (relationship of policy owner to credit cardholder: _____). (Name of Policy Owner)

IC/Policy Number		

The following are the details of my credit card:

Card Type (check one)	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	Issuing Bank _____	
Credit Card Number	_____ - _____ - _____			
Credit Card Expiry Date	_____			
Credit Card Statement Date	_____ (MM/YY)			
Credit Cardholder's Name	_____ (MM/DD/YY)			
	_____ (Prefix)	_____ (Given Name)	_____ (Surname)	_____ (Suffix)

By signing this form, I understand that:

- I, the Cardholder, authorize Insular Life and the Issuing Bank to initiate debit entries against my enrolled credit card account for payment of initial and subsequent premiums and interest charges, if any, due to Insular Life for the enrolled policies.
- This payment facility allows the use of the credit card of the parents, spouse, children, brothers, and sisters of the policy owner.
- In the event that, on debit date, Insular Life is not successful in charging my enrolled credit card account, Insular Life may initiate succeeding debit charges against the same credit card account, as it deems necessary and at its sole discretion.
- My request for any change and/or discontinuance of this arrangement shall not prejudice any transaction effecting this arrangement, between Insular Life and the Issuing Bank that transpired before Insular Life's confirmation of receipt of my written request for change and/or notice of withdrawal.
- In case of termination of enrollment in ACO for whatever reason, Insular Life will consider that the premiums and interest charges due for the enrolled policies have not been paid, and the policyholder will have to pay the premiums and interest charges directly to Insular Life or other accredited payment facility to keep the policies in force.
- Insular Life has the absolute authority to decline any application for enrollment or cancel any enrollment for this arrangement. In such events, I, the Cardholder, will hold Insular Life free and harmless from any and all damages, liabilities, suits or causes of action which I might suffer from directly or indirectly by reason of such decline or cancellation.
- Acknowledgment Receipt from Insular Life and the Credit Card Statement of Account, which reflect the total amount charged due for the enrolled policy/ies shall serve as proofs of payment.
- As a financial institution, Insular Life is subject to existing and future government regulations. I therefore agree to be bound by all applicable domestic and international laws in relation to any matter including but not limited to anti-money laundering, tax monitoring and data privacy.

In this connection, I authorize Insular Life to process my personal and sensitive personal information (also known as personally identifiable information or PII) including the collection, usage, storage, retention, and disclosure of my PII in the related processes and systems until its disposal. I likewise give my consent to Insular Life to share such information to its subsidiaries, affiliates, agents, medical information sharing facility of the insurance industry and third parties for any legitimate purpose, including the underwriting and administration of insurance coverage and claims, marketing and promotion of products, market research, data analytics and automated processing systems, internal and external audits, and such activities for which my PII may be required in fulfillment of mandated services across my entire life stages.

I/We also confirm that I/we have sought the consent of the insured and/or the beneficiary/ies in sharing his/her personal and sensitive personal information, as may be applicable.

I hold Insular Life free and harmless from any liability that may arise from any collection, use, disclosure, destruction or sharing of said information.

 Printed Name & Signature of Cardholder

 Date

I, the Policy Owner, consent to the above arrangement.

 Printed Name & Signature of Policy Owner

 Date

For Office Use Only