

Policy No.

AUTHORIZATION TO DEBIT ACCOUNT

This authorizes (Name of Bank) _____, hereby referred to as the Bank, to debit from my/our Savings Account No. _____ under the name/s of _____ for the recurring premiums of the above policy.

I/We fully understand and agree that this authorization shall be on a continuing basis and shall be effective every premium due date, unless cancelled by the undersigned in writing or as determined by Allianz PNB Life Insurance, Inc. and/or the Bank.

I hereby confirm that all information provided are final and correct. It is my sole responsibility to ensure that the information provided are accurate. As such, I will inform Allianz PNB Life Insurance, Inc. of any changes relating to my personal information, including the account details for this purpose.

Allianz PNB Life does not accept liability for any incorrect information, damages, loss, cost, expenses, indirect costs or consequential damages of any kind that you may suffer from the use of the facility.

Allianz PNB Life will not be held liable if the policy lapses due to insufficient balance. If the transaction is unsuccessful, you will be advised that your payment has failed. Please visit <https://www.allianzpnblife.ph/service/payment-facilities.html> for other payment options.

I/We further understand and agree that the unposting/non-debiting of my/our account due to unavailability/insufficiency of funds, or the closing of my/our account for any reason whatsoever would be a sufficient ground for the Bank to immediately revoke/cancel this debit arrangement even without prior notice to me/us.

I hereby expressly authorize Allianz PNB Life Insurance, Inc. to obtain, collect, record, organize, store, update, modify, use, share, transfer, disclose and/or destroy ("process"), whether manually or via electronic channels, any and all information, including personal and sensitive information, about me, the life insured, and/or my policy/ies, to 1) facilitate, monitor, and improve the quality of my policy/ies and such services availed of by me, through programs including but not limited to customer satisfaction surveys, offer of related products and services, and statistical, actuarial and risk analyses, and to 2) comply with legal or regulatory obligations of Allianz PNB Life Insurance, Inc. under applicable local or foreign laws, rules and regulations relating to matters including but not limited to anti-money laundering and tax monitoring/review/reporting.

I also expressly authorize Allianz PNB Life Insurance, Inc. to share, transfer and/or disclose the said information to any of its intermediaries, branches, subsidiaries, affiliates, service providers, partners and government agencies for the said purposes.

Signature over Printed Name of Policyowner/Depositor

Date Signed

| FOR BANK USE ONLY |
|------------------------|
| Signature verified by: |
| Approved by: |

To be accomplished in four (4) copies: 1 copy for the client, 1 for Home Office, 1 for Bank H.O., 1 for Branch of Account of the depositor (to be distributed after bank's approval).