

# Visa/Master Card Premium Payment Enrollment Form



Please PRINT clearly.  
Use BLACK ink.

In this form, *you*, and *your* refer to the Cardholder while *we*, *us*, *our* and *the Company* refer to the Sun Life of Canada (Philippines), Inc., a member of the Sun Life Financial group of companies.

This Enrollment Form must be submitted to Policy Accounting upon completion.

## 1 General Information

Cardholder's Name		Telephone No.
Address		
Credit Card No.	Credit Limit	Expiry Date(day/month/year)

## 2 Enrollment Details

You hereby enroll your life insurance policy/ies listed below, according to order or priority, for automatic charging to your Visa / Master Card Credit Card.

Please check  New Enrollment  Additional Enrollment

The shaded portion is for Company's use only.

Premium	Name of Insured	Relationship to Insured	Policy Number

You hereby wish to pay the premium/s of the above numbered policy/ies through an automatic charging against your credit card. You understand that by availing of this facility, the bank shall charge your credit card with the premium/s due upon receipt of the Company's billing statement.

## 3 Signature

By signing below, you hereby confirm to have read, understood and agreed to the Terms and Conditions written above and at the back of this form.

Signature of Card Holder X	Printed Name
Place of Signing	Date of Signing (day/month/year)

This facility is available to all Visa / Master Card credit cardholders.

By executing this form, you hereby expressly and absolutely authorize the Bank to charge or debit your card for all corresponding premiums of the Company's insurance policies you have listed above and to pay said premiums to the Company without need of any further notice or instruction from you, according to the set schedule of payment to be provided by the Company to the Bank.

You expressly and absolutely agree that other than the Bank's act of debiting the relevant amounts from your monthly Credit Card Billing Statement, the Bank shall not be obliged to perform any other act to ascertain whether or not notice of any such debit has been given to you.

You understand that by completing and signing the enrollment form as the Principal cardholder, only premiums for your own and your immediate family members' (limited to your parents, spouse, brothers, sisters and children) Company insurance policy/policies can be enrolled under this facility.

Enrollment in this facility does not guarantee payment of the premium as the charging is subject to the approval of the Bank. The bank reserves the right not to process the charging of premium if any of the following are determined by the bank:

- a. The credit card or the account is currently past due (this means the minimum amount due was not settled on or before the due date indicated in the previous month's credit card billing statement).
- b. The credit card's available credit limit is insufficient to cover the full amount of the premium.
- c. The credit card has been cancelled or closed, whether by you or by the Bank.
- d. The credit card has not yet been activated by you.

In the event charging is disapproved by the Bank, you will be notified in writing by the Company. Consequently, you should make a direct premium payment to the Company, otherwise, the enrolled policy/ies may lapse (i.e. in the absences of any cash value) or be placed under the applicable Non-Forfeiture Option/s.

This enrollment shall still be carried over in case of renewal and/or replacement of lost or damaged card.

This Agreement shall benefit and be binding upon and enforceable against each of the parties hereto and their successors/assigns.

You agree that should you wish to cancel your enrollment under the Insurance Premium Autocharging facility, a written notification should be sent to the Company. Cancellation of your enrollment shall take effect only upon receipt of such written notification by the Company. You further agree that termination or cancellation of your Credit Card shall result in automatic termination of his enrollment, without need of further notice or advice from the Bank or the Company.

You acknowledge that the Company may disclose such information and/or related account information to the Bank to effectuate the authority which is hereby granted to the Company under this enrollment form as and when required by law or as may be necessary to give effect to the provisions hereof.

You also agree that only the Bank, through the Insurance Premium Autocharging facility, shall pay your insurance premiums (except insofar as your credit limit is exceeded or charging is disapproved by the Bank) to the Company and you will not effectuate insurance premium payments, either directly or through an agent, during the subsistence of this authorization.

You hereby ratify and confirm all acts of the Bank done to effectuate this authorization.

You expressly acknowledge that the Bank, at the time of your execution of this enrollment form, is still in the process of determining your eligibility to be a holder of the card in accordance with its credit card and other policies. Thus, you expressly acknowledge that this authorization shall take effect only upon issuance of the Card in your favor, and that your execution of this enrollment form in no way binds the Bank to issue said Card.

This authorization shall have effect as provided in the immediately preceding provision until receipt by the Bank of a contrary written notice from you or until your receipt of a contrary written notice from the Bank or the Company.