

FUND TRANSFER AGREEMENT FOR POLICY BENEFITS

Policy No.

I hereby agree that my dividends, withdrawals, policy loans, surrender and anticipated endowments net of any outstanding loans, and maturity benefit will automatically be transferred to my account with details indicated below, hereby granting Allianz PNB Life Insurance, Inc. authority to effect the same:

Bank Name _____
 Bank Branch/Address _____
 Bank Account No. _____
 Account Currency _____
 Bank Account Name (Please indicate exact account name) _____

If joint account

Co-depositor's Name _____
 Type of Account (please check one box) and and/or

If payroll account

SSS Number _____

Declarations and Agreements:

1. I declare that the policy benefit proceeds, once deposited to the declared account, shall render Allianz PNB Life Insurance, Inc., its successors-in-interests and assigns, including its directors, officers, employees and agents, free and harmless from any further claim, demand or action whatsoever, which in law or equity I ever had, now have, or which I, my successors and assigns hereafter may have relating to the transaction.
2. I understand that any corresponding bank charges shall be charged to my account.
3. I understand that if I choose to convert the proceeds from Dollar to Peso, they will be paid out based on an exchange rate determined by the Bankers Association of the Philippines, with an additional spread.
4. I take full responsibility in the accuracy of the account details indicated above. Should there be any error(s) in the information, I understand that this will result to delays in the crediting of the policy proceeds and I hold Allianz PNB Life Insurance, Inc. free from any liability resulting from the erroneous information.
5. I have read and understood all declarations and agreements which are hereby given and made willingly and voluntarily and with full knowledge of my rights under the law.

I fully understand and agree that this authorization shall be on a continuing basis and shall remain in full force and effect unless cancelled by the undersigned in writing or as determined by Allianz PNB Life Insurance, Inc.

By signing this Agreement/Authorization, I certify that all information contained in this form is accurate and I agree to inform Allianz PNB Life Insurance, Inc., in writing, of any change in the information provided or in my account status

That 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 to be 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 offer of related products and services, customer satisfaction surveys, and statistical, actuarial and risk analyses, and 2) to 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, subsidiaries, affiliates, service providers, partners and government agencies for the said purposes. I likewise promise to inform Allianz PNB Life Insurance, Inc. of any changes relating to my personal information.

I also understand that Allianz PNB Life Insurance, Inc. shall communicate with me primarily via electronic channels, i.e. email, SMS, and mobile and web applications. Policy contracts, official receipts and other similar documents will also be sent to me in electronic format if available.

- I prefer receiving communications from Allianz PNB Life Insurance, Inc. in paper format. I understand that the notices, disclosures, and similar documents received through mail and other non-electronic channels might be delayed and I will not hold Allianz PNB Life Insurance, Inc. responsible especially if the delay is due to circumstances beyond its control.
- I also expressly authorize Allianz PNB Life Insurance, Inc., to share, transfer and/or disclose my information to any of its subsidiaries, affiliates, and partners for offer for related products and services.

Signature over Printed Name of Policyowner

Date

INSTRUCTIONS

The √ indicates a mandatory field. The use of correction fluids or tapes is prohibited. For any alteration, please draw a straight line across the erroneous data and affix your full signature. Correct information may be indicated beside or above it.