



# PNB Life

10/F Allied Bank Center, 6754 Ayala Avenue corner Legaspi Street, Makati City  
Tel. No. 818-LIFE (5433) • TIN No. 204-145-589-000

## APPLICATION FOR GROUP CREDITOR'S LIFE INSURANCE

\_\_\_\_\_ hereby applies to

**PNB LIFE INSURANCE, INC.**

for a

**GROUP CREDITOR'S LIFE INSURANCE PLAN**

It is understood that all the insurance benefits and the principal terms and conditions contained in the formal proposal and in the subsequent amendatory communications relating thereto, if any, have been finally accepted by us and shall be fully embodied in the Group Master Policy applied for.

### APPLICATION FORM DETAILS

- |  |                           |
|--|---------------------------|
| 1. Corporate Address _____   |                           |
| 2. Telephone No. _____   | 3. TIN # _____            |
| 4. Nature of Business _____  |                           |
| 5. List of Directors / Partners _____  |                           |
| 6. List of Principal Stockholders owning at least 2% of the capital stock _____    |                           |
| 7. Beneficial owners, if any _____   |                           |
| 8. Plan Type _____   |                           |
| 9. <input type="checkbox"/> Non-Contributory <input type="checkbox"/> Contributory | 10. Mode of Payment _____ |
| 11. Name of Authorized Representative _____  |                           |
| 12. Designation _____  | 13. Telephone No. _____   |

Said Policy together with this application, the duly accomplished individual enrollment forms, and all attached riders and endorsements shall constitute the entire contract between the parties hereto.

Policy Date : \_\_\_\_\_

By \_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Officer's Name and Designation

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.