



**ENROLLMENT FORM FOR MEMBERSHIP IN THE GROUP LIFE INSURANCE PLAN  
(PART 1)**

A. Applicant's Personal Data

- 1. Name \_\_\_\_\_  
(Last) (First) (Middle)
- 2. Place of Birth \_\_\_\_\_
- 3. Date of Birth \_\_\_\_\_
- 4. Civil Status  Single  Married  Widowed
- 5. Sex  Male  Female
- 6. Phone No. \_\_\_\_\_
- 7. Height \_\_\_\_\_
- 8. Weight \_\_\_\_\_
- 9. Residence Address \_\_\_\_\_  
\_\_\_\_\_
- 10. Occupation / Position \_\_\_\_\_  
(give details) \_\_\_\_\_
- 11. Name of Company \_\_\_\_\_

B. Beneficiary/ies : It is understood that the beneficiaries share equally and are designated primary and revocable unless indicated otherwise in the "REMARKS" column.

Name of Beneficiary/ies			Date of Birth			Relationship	Remarks
(First)	M.I.	(Last)	MM	DD	YY		

C. Designation of Trustee (We suggest that you designate a trustee for minor beneficiaries to facilitate claim settlement).

I hereby designate: \_\_\_\_\_  
Name of Trustee Relationship to Applicant

as trustee of the minor beneficiary/ies named above. He is authorized to receive for and in behalf of said beneficiary/ies any insurance proceeds due during the minority of said beneficiary/ies.

The receipt of said trustee of the insurance proceeds due to the minor beneficiary/ies shall discharge the liability of the Company with respect to the amount so paid.

This designation shall remain in full force until written notice of revocation or amendment is filed and received by PNB Life Insurance, Inc. in its Home Office.

D. Health Declaration : I hereby apply for participation in the group life insurance plan for which I am or may become eligible for subject to the terms and conditions of the Group Policy. I hereby agree that my insurance shall become effective on the date stated on the certificate to be issued to me by PNB Life Insurance, Inc. provided that I am actively at work and in good health on such date and the premium corresponding to my insurance coverage has been paid.

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

\_\_\_\_\_  
Applicant's Signature

For Home Office Use Only			
Group Policy No.	_____	Certificate No.	_____
Policy Date	_____	Effective Date	_____
		Amount of Insurance	_____
		Insurance Age	_____