

**Special Power of Attorney (SPA) to receive ePolicy and other communications
from the company
(re: Application No. _____)**

I, _____, Policy Owner, hereby name, appoint and authorize _____, as my true and lawful attorney-in-fact (AIF), for me and in my name, place and stead, to do any and all of the following:

1. Receive the ePolicy and all communications and notices related to the policy on my behalf;
2. Return the policy, if I am not satisfied with it, to the Company's Home Office or any of its branches within fifteen (15) days after receipt of the ePolicy, together with a written notice, signed by my AIF, requesting cancellation pursuant to the Cooling-Off provision;
3. Use the email address of my AIF _____ as the email address on record of the policy where the ePolicy, official receipts, and other similar documents will be sent;
4. Use the mobile number of my AIF _____ as the mobile number on record of the policy where communications and notices related to the policy will be sent;
5. Transfer, relay and convey promptly any and all documents and information relating to the policy; and
6. Raise concerns related to the above-mentioned acts to the Company.

I acknowledge that acts done by my AIF will be considered as acts done by me.

I, _____, appointed attorney-in-fact (AIF) of _____, hereby agree and acknowledge to do any and all of the following:

1. Receive the ePolicy and all communications and notices related to the policy on behalf of the policy owner;
2. Return the policy, if the policy owner is not satisfied with it, to the Company's Home Office or any of its branches within fifteen (15) days after receipt of the ePolicy, together with a written notice, signed by me, requesting cancellation pursuant to the Cooling-Off provision;
3. Use my email address as the email address on record of the policy where the ePolicy, official receipts, and other similar documents will be sent;
4. Use my mobile number as AIF as the mobile number on record of the policy where communications and notices related to the policy will be sent;
5. Transfer, relay and convey promptly any and all documents and information relating to the policy to the policy owner; and
6. Raise concerns related to the above-mentioned acts to the Company.

We both understand that:

1. Allianz PNB Life Insurance, Inc. shall communicate using the mobile number _____ and/or email address _____ the policy owner has provided in the application form. The ePolicy, official receipts and other similar documents will be sent in electronic format. If there is any change in the contact details, the policy owner or the attorney-in-fact (AIF) shall inform Allianz PNB Life Insurance Inc. within 60 days from effect of change.
2. Allianz PNB Life Insurance Inc. cannot be faulted if the attorney-in-fact (AIF) do not apprise the policy owner of any information relating to the policy.

We hereby hold the Company free and harmless from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities arising out of the failure of the AIF to transfer, relay and convey promptly to the policy owner any information in relation to the policy.

Signed at _____, on the _____ day of _____, 20____.

Policy Owner

Attorney-In-Fact

ACKNOWLEDGMENT

Republic of the Philippines)
_____)S.S.

Before me, a Notary Public for and in the City of _____, on this _____ day of _____ 2014, appeared **(AIF)** with **(competent evidence of identity)** issued on **(date of issue)** at **(place of issue)**, known to me and to me known to be the same person who executed the foregoing instrument and acknowledged to me that the same is his free and voluntary act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand, the day, year and place above written.
NOTARY PUBLIC

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of _____.