Allianz PNB
LIFE INSURANCE

Policy No. ☐☐☐ ☐☐☐ ☐☐☐

AUTHORIZATION FOR CONTINUOUS BILLING

This authorizes **Allianz PNB Life Insurance, Inc.** to automatically charge the insurance premium due for the above policy no. from my credit card with the following details

Card Type ☐ VISA ☐ Mastercard

Card Issued by _____

Card Account No. ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐

Cardholder's Name _____

Cardholder's Address _____

_____

Card Expiry Date ___ ___ / ___ ___ ___ ___
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I fully understand and agree that the authorization shall be on a continuing basis unless cancelled by the undersigned in writing or as determined by Allianz PNB Life Insurance, Inc.

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 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 customer satisfaction surveys, offer of related products and services, and statistical, actuarial and risk analyses, and to **2)** 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, branches, 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.

Signed at _____ this _____ day of _____ 20 _____.

_____ _____
Signature over Printed Name of Cardholder Date

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