

Policy No.

AUTHORIZATION TO DEBIT ACCOUNT

This authorizes (Name of Bank) _____, hereby referred to as the Bank, to debit from my/our Savings Account No. _____ under the name/s of _____ for the recurring premiums of the above policy.

I/We fully understand and agree that this authorization shall be on a continuing basis and shall be effective every premium due date, unless cancelled by the undersigned in writing or as determined by Allianz PNB Life Insurance, Inc. and/or the Bank.

I/We further understand and agree that the unposting/non-debiting of my/our account due to unavailability/insufficiency of funds, or the closing of my/our account for any reason whatsoever would be a sufficient ground for the Bank to immediately revoke/cancel this debit arrangement even without prior notice to me/us.

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.

Signature over Printed Name of Policyowner/Depositor

Date Signed

FOR BANK USE ONLY
Signature verified by:
Approved by:

To be accomplished in four (4) copies: 1 copy for the client, 1 for Home Office, 1 for Bank H.O., 1 for Branch of Account of the depositor (to be distributed after bank's approval).