

## POLICY LOAN AGREEMENT

Policy No. :	Total Loan -----		P _____
Insured/Owner :	Add: Refund of unearned interest on previous loan		
Address :	for _____ days	P _____	
	Refund of excess policy loan payment	P _____	
Date of Loan :	Less: Interest on this loan for _____ days	P _____	
	Outstanding policy loan	_____	
	Overdue interest on old loan for _____ days	_____	
	Premium due arrears from _____ to _____	_____	
	Overdue interest on premium due arrears	_____	
	Service fee	_____	
	Documentary stamp	_____	
	Re-issuance fee	_____	
	Total/ Net due insured -----		P _____
Interest paid up to :	_____		

In CONSIDERATION OF THE TOTAL LOAN OF \_\_\_\_\_ / 100 PESOS (P \_\_\_\_\_) by the Paramount Life & General Insurance Corporation (hereinafter called the "Company"), the receipt of which hereby acknowledged, the undersigned hereby pledge(s) and assigns therein, together with all money that may become payable there under, and warrant(s) the validity and sufficiency of this pledge and assignment.

### AND THE UNDERSIGNED HEREBY AGREE (S) AS FOLLOWS:

1. That this loan shall bear interest at the rate of 10% per year payable in advance from this date to the next anniversary date of the policy when the loan becomes due and repayable in accordance with the terms and conditions of the policy. That this loan and interest herein above specified shall be paid at the Home Office or Branches of the Company, while the policy remains in force and during that time the loan may be paid in full or in installments. Credit will be allowed for the unearned and unexpired interest on every payment made.
2. That any notice in connection with this loan addressed and mailed to the last known post office address of the insured and of any assignee of record with the Company shall be deemed to have been duly served.
3. That the said Company has, by virtue of the said loan, a first lien upon said policy and the total indebtedness of the loans, including interest due or accrued, shall be a first charge upon said policy.
4. That the assignment of and rights interest in the policy against which this loan is granted shall be binding upon the undersigned, his/her successors in the interest or assigns even if such assignment be not endorsed on the policy, any provisions therein to the contrary notwithstanding.

### DATA PRIVACY ACT STATEMENTS

I hereby consent to the processing of the personal data stated above whether manually or via electronic channels, including but not limited to the collection, usage, storage, customer/client profiling, and disclosure to third parties, by Paramount Life & General Insurance Corporation (hereafter, "PLGIC"), its subsidiaries, affiliates, directors, officers, employees, and agents (a) to verify and/or confirm any or all the information provided or representation made, (b) to provide, facilitate, monitor, improve the quality of, or otherwise service my account and such products, services, and facilities and/or channels availed by me or may be offered by PLGIC, and (c) to comply with legal, regulatory or other obligations of PLGIC under applicable local or foreign laws, rules and regulations.

I likewise consent to the processing of the personal data stated above whether manually or via electronic channels, including but not limited to the collection, usage, storage, and customer/client profiling, by authorized third parties for the foregoing purposes.

Such processing may be conducted for the duration of my availment of PLGIC's products, services, facilities and/or channels. I further consent that the personal data stated above shall be retained by PLGIC for an additional period of at least five (5) years, or for a longer period if the personal data is related to or required to be preserved for litigation or to comply with legal or regulatory requirement. I likewise consent to the correction, amendment, deletion and/or disposal by PLGIC, its subsidiaries, affiliates, directors, officers, employees, agents, and authorized third parties, of my personal data which may be inaccurate or incorrect.

I attest that I have been made aware of and understood my rights as data subject and how these can be exercised, and that I was informed of the nature, extent and processing of the personal data I provided. I understand and agree that the consent hereby given may be revoked or withdrawn through formal written notice to PLGIC.

Finally, I authorize PLGIC, its subsidiaries, affiliates, directors, officers, employees, agents, and authorized third parties to obtain such other information they may deem necessary to verify or confirm the personal data declared or the documents furnished in relation to this application, and that I agree that such documents may remain in the possession of PLGIC whether or not this application is granted, for the purposes above mentioned.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ in the presence of:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Insured / Owner



Right thumbmark,  
If applicant cannot write

\_\_\_\_\_  
Address

\_\_\_\_\_  
Present Address

\_\_\_\_\_  
Signature of Judicial Guardian or of Irrevocable Beneficiary  
or of Assignee, if any

	INITIAL	DATE
Prepared by:		
Dept. Mgr.:		