

**ARMED FORCES AND POLICE MUTUAL BENEFIT ASSOCIATION, INC.**

Col Bonny Serrano Ave. cor EDSA, Camp Aguinaldo, Quezon City  
Contact Nos. (02) 8822-MBAI (6224) Website: www.afpmbai.com.ph  
Email: mail@afpmbai.ph Facebook: @AFPMBIAOfficial

**PAYOR'S INFORMATION SHEET**

NAME ☒ Last ☐ First ☐ Extn ☐ Middle RANK ☒ SN ☒ BR OF SERVICE ☒

GENDER ☒ CIVIL STATUS ☒ HEIGHT ☒ WEIGHT ☒

PLACE OF BIRTH ☒ DATE OF BIRTH ☒ mm ☒ dd ☒ yy AGE ☒

NATIONALITY ☒ TIN NO. ☒ GSIS/SSS ☒

MOBILE NO. ☒ EMAIL ADDRESS ☒

POSITION/OCCUPATION ☒ OTHER SOURCE OF INCOME/FUND ☐

UNIT ASSIGNMENT ☒

RESIDENCE ADDRESS ☒

House/Room/Bldg. No. Street/Subdivision Brgy/Sitio/Purok/Barrio

Municipality/Town/City Province Zip Code

FACE AMOUNT ☒ PLAN ☒ PREMIUM ☒

**INSURED'S INFORMATION SHEET**

(IF INSURED OTHER THAN PAYOR)

NAME ☐ Last ☐ First ☐ Extn ☐ Middle

GENDER ☐ CIVIL STATUS ☐ HEIGHT ☐ WEIGHT ☐

PLACE OF BIRTH ☐ DATE OF BIRTH ☐ mm ☐ dd ☐ yy AGE ☐ NATIONALITY ☐

MOBILE NO. ☐ OTHER SOURCE OF INCOME/FUND ☐

1. Have you ever been sick for the past five years?  
If yes, please identify types of sickness.
2. Ever had any accident, operation or medical advice within the past five (5) years?
3. Do you have any disability or deformity? If yes, please indicate.

PAYOR		INSURED	
YES	NO	YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**BENEFICIARIES**

Name	Age	Date of Birth (Month/Day/Year)	Relationship with person to be insured	Mobile No. (Leave blank if same with insured)	Address (Leave blank if same with insured)

**(For minor beneficiary/ies, designation of a Trustee is required)**

Name	Age	Date of Birth (Month/Day/Year)	Relationship with person to be insured	Mobile No. (Leave blank if same with insured)	Address (Leave blank if same with insured)

**PRIVACY NOTICE - as per REPUBLIC ACT NO. 10173**

AFPMBAI upholds an individual's data privacy rights and observes that all personal information, sensitive personal information and privileged information collected and to be collected are processed or recorded, managed, organized, stored, updated, retrieved, consolidated, used, blocked, and erased according to the Data Privacy Act of 2012 (RA 10173), its Implementing Rules and Regulations (IRR), and various Circulars under the principles of transparency, legitimate purpose, and proportionality.

I hereby give my consent to the processing, sharing, and/or transferring of my personal data relating to my account/s, without notice, to AFPMBAI, its service providers and entities or third parties having authority or right to such disclosure of information as in the case of regulatory agencies, governmental or otherwise, which have required such disclosure from AFPMBAI, also to enable AFPMBAI to service my account/s, to provide all existing features and future enhancements thereto, and to avail other AFPMBAI products, services, facilities and channels as the AFPMBAI deems necessary. I agree to hold AFPMBAI, its affiliates, subsidiaries and third party service providers free and harmless from any liability arising from or in connection with the consent herein given.

Date Signed

Payor's Name and Signature

**FOR AFPMBAI USE ONLY**

RECOMMENDED BY: \_\_\_\_\_ APPROVED / DISAPPROVED: \_\_\_\_\_

RATING: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_