

KNIGHTS OF COLUMBUS FRATERNAL ASSOCIATION OF THE PHILIPPINES, INC. (KCFAPI)

KCFAPI Center, Gen. Luna corner Sta. Potenciana Streets, Intramuros, Manila, Philippines Tel. Nos. (02) 8527 2223 * TIN: 001-007-909

FM-KCFAPI-FBG-07 REV. DATE. 2/10/2023 Approval Date: June 5, 2023

APPLICATION FOR BENEFIT CERTIFICATE (BC)

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|-----------------------------|---|--------------------------|------------------------|--|---|------------------------|----------------------|----------------------------|--|--|
| PART I. PERSONA | L INFORMATION | | | | | | | | | |
| 1. Full Name | Surname | Proposed First Name | Assured | Middle Name | Surname | Owner/Payor First Name | | Middle Name | | |
| I. Full Name | Carraine | T II OCTIONIO | | die raine | Camanic | o. rao | | | | |
| 2. Date of Birth | mm/dd/yyyy | | | Age | mm/dd/yyyy | | Age | | | |
| 3. Place of Birth | | | | | | | | | | |
| Gender & Civil Status | ☐ Male ☐ Femal | e Single | ☐ Married ☐ W | /idow/er | ☐ Male ☐ Female | ☐ Single ☐ Marı | ried 🗆 Wid | dow/er | | |
| 5. TIN/SSS/GSIS | | | | | | | | | | |
| 6. Nationality | | | | | | | | | | |
| | House No./Subdivision/Build | ling Name/Street/Baranga | ıy | | House No./Subdivision/Building Name /Street/Barangay | | | | | |
| 7. Mailing Address | Town/Municipality/City | | | | Town/Municipality/City | | | | | |
| | Province | | | ZIP CODE | Province | | | ZIP CODE | | |
| 8. Occupation | | mployed | ☐ Self-Emplo | oyed | ☐ Employed | ☐ Se | lf-Employed | | | |
| Specific Duties | | | If student, please inc | dicate grade/year level & course | | | | | | |
| Name of Firm/ Employer | | | If stude | ent, please indicate school name | | | | | | |
| Work/Business Address | | | If student, | , please indicate school address | | | | | | |
| Source of Funds | | | | | | | | | | |
| Nature of Business | | | | | | | | | | |
| Do you currently file a tax | return in the United State | es of America? If yes | , please provide nec | essary FATCA docume | nts. 🗆 Yes 🗆 No | | | | | |
| O Contact Number/Info | Residence | Work | / Business | | Residence | Work / Business | 3 | | | |
| Contact Number/Info | Mobile | Email | Address | | Mobile | Email Address | | | | |
| | Council Name/Address | FOR ME | MBERS | Council No. | | ATIVES OF MEMBERS | ONLY | | | |
| | Council Name/Address | | | Relationship with the member Knight: I am the Father | | | | | | |
| 10. Council Membership | Date of Initiation to the Fire | st Degree (mm/dd/yyyy) | Membership No. | Council Name/Address Council No. | | | | | | |
| | Are you at present a m | ember in good stand | ing? □ Yes □ N | a. is your husband/father/son/grandfather a member of the Knights of Columbus in good standing? Yes \subseteq No b. does your husband/father/son/grandfather who is currently a member of the Knights of Columbus, belong to or is he affiliated with any other fraternity, association or organization? Yes \subseteq No If yes, kindly indicate: | | | | | | |
| PART II. INSURAN | ICE INFORMATIO | N | | | | | | | | |
| | Plan Name | | Plan Code | Face Value | | Currency P | eso 🗆 US | Dollar | | |
| 11. Plan Details | No. of Years to Contribute | Years of Protection | Years to Mature | Modal Contribution (defa | efault annual) Amount of Contribution (at standard rate) Semi-annually Quarterly | | | | | |
| 12. Additional Benefits | Accidental Death Benefit Ladies Care Death Benefit Waiver of Contribution Payor's Death or Disability Benefit Others | | | | | | | | | |
| 13. Contribution | If contribution remains unpaid at the expiry of the grace period, apply cash value, if any, to effect: (If no option is chosen, paid-up insurance will apply) | | | | | | | | | |
| Default Option | □ Automatic Contribution Loan □ Paid-Up Insurance | | | | | | | | | |
| 14. Participation Options | I desire my annual participation to be: Paid in Cash Left to accumulate at interest** Used to reduce insurance contributions* *In case the BC becomes fully paid, for which no more contributions will become due, or in case there is no outstanding BC loan, annual participations will be left to accumulate at interest. **KCFAPI is authorized to use any accumulated participations to pay any unpaid contribution before the application of Automatic Contribution Loan Option, if Automatic Contribution Loan Option is chosen in Item 13 of this application. KCFAPI is also authorized to apply any accumulated participations to cover any outstanding certificate loan prior to exhaustion of the cash value of the Benefit Certificate and the cash value of any paid-up additions. (If no option is chosen, used to reduce insurance contributions will apply) | | | | | | | | | |
| 15. Beneficiaries Name | ☐ Revocable ☐ Irr | evocable | | | | | | | | |
| SURNAME / FIRST I | NAME / MIDDLE NAM | E Date of Birt | | Relationship to Proposed Assured | ADDRE | SS | Type of B Primary | eneficiaries Contingent | | |
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| B. Day pulses and the stand C-efficient of the town | DECLARATION REGARDING PROPOSED ASSURED AND OWNER/PAYOR | | | | | | | | | | | |
|--|--|----------------------------------|--------------------------------|---------------------------|---|---------------------|------------------------|------------------------|-------------------------|-------------------|---------------|------------|
| Proposed Assumed Proposed Assumed Proposed Asa | | | | | | | | insurance | e with other companies? | | | |
| Part | | | | | | | | | | Type of Insurance | | |
| Part | Proposed Assured | | | | | | | | | | | |
| ENCORSCIENCY CR AMENDMENTS file home office use only! Figure arrespond YES to any of the foliating questions, please provide details to suppor provide below. So any of the foliating questions, please provided the season? Figure Source The season The se | Proposed Assured | | | | | | | | | | | |
| ENCORSCIENCY CR AMENDMENTS file home office use only! Figure arrespond YES to any of the foliating questions, please provide details to suppor provide below. So any of the foliating questions, please provided the season? Figure Source The season The se | | | | | | | | | | | | |
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| The second VES to any of the following centions, please provide cellation to space product below. Use additional reletably in recessary. Yes 50 Fe No. | | (| | | | | | | Droposod | Assurad | Owne | or/Payor |
| 19. Do you drive a motorcyclit if yes, places side from often and for what purpose. 20. Are you congaged in authorization includes a processing or other houndates excellent? If yes, places specify. 21. Do you know any preding application for the insurance or cochen thrustnoot? If yes, places specify or authorization for your limited on any foreign population for the insurance or cochen thrustnoot? If yes, places specify in your processing application for the insurance or cochen thrustnoot? If yes, places state companies, and enrount of insurance or cochen thrustnoot? If yes, places give details. 22. Here you threefact is any foreign population for the insurance or cochen thrustnoot? If yes, places give details. 23. Here you make an application for the insurance or cochen thrustnoot? If yes, places state companies, contains and amount of insurance or contains and amount of insurance contains and amount of the Philippines insura | If you answered YES | to any of the following ques | stions, please provide deta | ils to space provided | below. Use add | ditional sheet(s |) if necessary. | | | | | |
| 2. As you engaged in authorhoticous training, skylicited dring or other hazarous avocations? If yes, please apody. 2. To be you litterd to rick an accord other than as a passenger in a commercial passenger affire? If yes, please give details. 2. As you engaged in authorhoticous training, sold or will have some control of the property of adaptment. 2. As you may do you must be selected to be children to be called with the millian, reads or will have sold because of the property of the property of the passenger of | 18. Will existing insu | urance with KCFAPI be dis | continued if insurance now | applied for is issued | ? If yes, please | e state reasons | | | | | | |
| 2. Do you intend to not an an accal clother than as a passenger in a commercial passenger or infre? If yes, please state companies and anount of naumono. 2. Any zono or do you intend to be cristed with the million, navel or an force service other than as a necessar? If yes, please state companies and anount of naumono. 2. Do you have any perding application for the insurance or accessart insurance? If yes, please state companies and anount of naumono. 2. Here you takeded to any forcing countries or any obes in the Philippine is no seal 14 days? If yes, please state companies and anount of naumono. 2. Here you takeded to any forcing countries or any obes in the Philippine is not seal that the passenger of th | 19. Do you drive a r | motorcycle? If yes, please s | state how often and for what | at purpose. | | | | | | | | |
| 27. Do you intend to ride an alroady other than its a passanger in a commercial passanger sinner? If yee, please glue details. 28. Any pur now or by you intend to the election with the million, review or air force service other than as a received if you provide you you intend to the election with the million, review or air force service other than as a received if you you have any prosting application for life insurance or accident insurance in accident insurance or accident insurance provides and any other passance. 29. They put made an application for life insurance, or for reinsidement to a life insurance protocy with other reasonance companyies which was a provide to the morthly of in insurance or with a given. 20. The life of your insurance remoterable with KCFAPI and the Charles Candidate and agree. 21. They insurance remoterable with KCFAPI and the Charles Candidate and agree. 22. They insurance remoterable with KCFAPI and the Charles Candidate and agree. 23. They insurance remoterable with KCFAPI and the Charles Candidate and agree. 24. They insurance remoterable with KCFAPI and the Charles Candidate and agree. 25. They is load repeat to communicate to KCFAPI and the Charles Candidate and agree. 26. They is load repeat to communicate to KCFAPI and the Charles Candidate and accounts and a communicate to KCFAPI and the Charles Candidate and accounts and a communicate to the communicate to KCFAPI and the Charles Candidate and accounts and a communicate to the communicate to the communication and accounts and acco | <u> </u> | | | | s? If ves pleas | se specify | | | | | | |
| 22. As you now of you mark to be considered with the military, need of air froce swince other than as a reserve? If yes, please state companies and amount of insurance. 23. Boy you have any particing application for life insurance or accident insurance? If yes, please state companies and amount of insurance and agree. 24. Here you there are application for life insurance or the residence of the plant in the past 14 days? If yes, please give details. 25. They you make an application for life insurance or the residence of the plant in the past 14 days? If yes, please give details. 26. They you make an application for life counters of the residence of the plant in the past 14 days? If yes, please give details. 27. The plant is an application of the plant in the past 14 days? If yes, please give details. 28. They you make an application of the plant in the past 14 days? If yes, please give details. 29. The plant is an application of the plant of the plant in the past 14 days? If yes, please give details. 20. That I all of register and application of the plant of the plant is an application of the plant of the plant is an application of the plant of the plant is an application of the plant of the plant is an application of the plant of the plant is an application of the plant of the plant is an application of the plant of the plant is an application of the plant of the plant is an application of the plant of This plan | | | | | | | | | | | П | |
| of issignment. 29. Have you travelled to any foreign countries or any clies in the Philippines in the past 14 days? If yes, please give details. 29. Have you travelled to any foreign countries or any clies in the Philippines in the past 14 days? If yes, please give details. 29. Have you made an application for life insurance, or modified in terms of the pinn, amount or relat? If so, please state companyles which was decirined, proposered, cancelled or modified in terms of the pinn, amount or relat? If so, please state companyles which was decirined, proposered, cancelled or modified in terms of the pinn, amount or relat? If so, please state companyles which was decirined, proposered, cancelled or modified in terms of the pinn, amount or relat? If so, please state companyles which was decirined, proposered, cancelled or modified in the state which can be constructed and the carbon companyles which was decirined proposered, cancelled or modified in the state which can be carbon constructed or the post of the carbon construction. If applicable, and the surprison of the decirined proposered which in an amenters, if applicable, and the way to be the facility of countries of the carbon construction. If applicable, and the way to the facility of countries of the carbon construction of the post of the carbon construction or within a proposer of the Benefit Centrical construction or within any sent the facility of countries of the carbon construction or the proposer decirined proposer and delay of the proposer decirined proposer and the sequence of the proposer decirined proposer and the sequence of the proposer decirined proposer and the proposer of the proposer decirined proposer | · · | | | · | - | - | | l nlace | | | | |
| 24. Have you tracelled to any foreign countries or any clies in the Philippines in the past 14 days 7ff yes, please give colable. 25. Have you tracel an application for life insurance, or for insistences for a file insurance policy with other insurance companying a which was defined, postpooned, cancelled or modified in terms of the glan, amount or rails? If so, please state companies, cases and dates. DETALS. DETALS. DETALS. DECLARATION AND AGREEMENT Lockups and agree: 1. That my insurance membership with KCFAPI, or my insurance under the Benefit that a post-pass of the first combination or medical searching, if applicable in the been approved and the first combination or medical searching, if applicable in the been approved and the first combination or medical searching, if applicable insurability present date of the application to redeal searching, if applicable insurability present date of the application or medical searching, if applicable insurability present date of the application or medical searching, if applicable insurability present date of the application or medical searching, if applicable insurability present date of the application or medical searching, if applicable insurability present date of the application or medical searching, if application is an application or medical searching, if applicable insurability and present and insurability and insurabil | | do you interia to be crimoted | a with the minuty, haven of | un force dervice outle | 71 111111111111111111111111111111111111 | , or vo: 11 you, pr | Substitution faith and | риос | | | | |
| DECLARATION AND AGREEMENT | 23. Do you have an | y pending application for lif | fe insurance or accident ins | surance? If yes, pleas | e state compa | nies and amou | nt of insurance. | | | | | |
| DECLARATION AND AGREEMENT Idective and agree: Declaration and the plan, amount or rare? If so, please state companies, causes and dates. Declaration and specific in the state of the plan, amount or rare? If so, please state companies, causes and dates. Declaration and specific in the state of the plan in the state of the state of the plan in the state of | 24. Have you travel | led to any foreign countries | s or any cities in the Philipp | pines in the past 14 da | ays? If yes, plea | ase give details | - | | | | | |
| Idealize and system: | | | | | | | | | | | | |
| I declare and agree: I That my insurance membership with KCFAPI or my insurance under the Benefit Certificate now applied for, or both, shall not be effective not become valid unless and until his application has been approved and the first contribution. The many provided that the third has not been any change in my health and insurable, and the first contribution. The labor myself is the manufactor of the provided or the first third has not been any change in my health and insurable, and the first contribution. The labor myself is the manufactor of the provided or manufactor or manufactor in the provided or manufactor or manu | | onea, cancelled of meanied | The terms of the plan, amou | ant of fate: if so, piece | ioc state compe | arnoo, oaaooo a | na aatoo. | | J | <u> </u> | <u>I</u> | |
| I declare and agree: I That my insurance membership with KCFAPI or my insurance under the Benefit Certificate now applied for, or both, shall not be effective not become valid unless and until his application has been approved and the first contribution. The many provided that the third has not been any change in my health and insurable, and the first contribution. The labor myself is the manufactor of the provided or the first third has not been any change in my health and insurable, and the first contribution. The labor myself is the manufactor of the provided or manufactor or manufactor in the provided or manufactor or manu | | | | | | | | | | | | |
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| I declare and agree: I That try insurance membership with KCFAPI, or my insurance under the Benefit Certificate now applied for, or both, shall not be effective nor become valid unless and until this application has been approved and the first corribition on synthesis and until this application has been approved and the first corribition or concupation as stated in the application, before accepting delivery of the Benefit Certificate and priving the first contribution. That I berind model to communicate to KCFAPI and the Charter Constitution or concupation as stated in the application, before accepting delivery of the Benefit Certificate and paying the Knights of Columbus of which I am a member, which are now inforce or which may be in the future be made or adopted, shall be binding upon me and my beneficiary. That I have read this page of my application in its entirety and that all statements and answers made by me are true and correct to my knowledge, belief and beased on official documents, and that if there be any fraul and misrepresentation in the above statement interied in this KCFAPI under the contribution. I have read this page of my application in its entirety and that all statements and answers made by me are true and correct to my knowledge, belief and beased on official documents, and that if there be any fraul and misrepresentation in the above statement interied in this KCFAPI under the contribution. I have read this page of my application in the antivery and that all statements and answers made by me are true and correct to my knowledge, belief and beased on official documents, and that if there be any fraul and my beneficiary by man are true and correct to my knowledge, belief and beased on official documents, and that if there be any fraul and my beneficiary by man are true and the page of my application in the above statement makes in this knowledge to make the page of my application in the above statement in the application and the page of my application in the above statement in the ap | | DECLARATION AN | ND AGREEMENT | | | AUTHOR | ZATION TO M | Y ATTEI | NDING P | HYSICI | AN | |
| Certificate now applied for, or both, shall not be effective for become valid unless and until his application has been approved and the first combinion payment on the certificate has been made, and provided further that there has not been any change in my health and insurablely since the date of this application or medical examination, if application or medical examination, if application or medical examination, and any or occupation as stated in the application for health and pering the first combinion. That the Arctics of Incorporation and By-Lews of KCFAPI and the Charter Constitution and less of the Kingliss of Columbus of which I am a member, which are now inforce or which may be the Kingliss of Columbus of which I am a member, which are now inforce or which may be the Kingliss of Columbus of which I am a member, which are now inforce or which may be in the future the mode or adopted, ability be bridding upon in mod or which may be in the future to make or adopted, ability be bridding upon in mod or which may be in the future to make or adopted, ability be bridding upon in mod or which may be in the future to make or adopted, ability be bridding upon in mod or which may be in the future to make or adopted, ability and provision in all males or dispute between KCFAPI or for their successors in office shall provail in all males or dispute between KCFAPI or its members and answers made by me are the and correct to my knowledge, belief and based on official documents, and that there be any application in its entirety and that an any producent of the applicators | | ance membership with K | CFAPI or my insurance | under the Benefit | This por | | | | | | | ahts of |
| been made, and provided further that there has not been any change in my heath and misrarability since the date of this application cambridge administrated in paginization of the paginiz | Certificate now a | applied for, or both, shall no | ot be effective nor become | valid unless and until | Colu | umbùs Frate | rnal Association | of the I | Philippine | es, Inc., | any or a | all |
| 2. That I bird myself to communicate to KCFAPI any change in my health condition or cocupations as stated in the application, before accepting delivery of the Benefit Certificate and paying the first contribution. 3. That the Articles of Incorporation and Isay and Section 1. That the Articles of Incorporation and Isay of the Kinghts of Columbus of which I am a member, which are now inforce or which may be in the future be made or adopted, shall be binding upon me and my beneficiary. 4. That the decision of the Board of Trustees of KCFAPI or of their successors in office shall prevail in all matters of dispute between KCFAPI or of their successors in office shall prevail in all matters of dispute between KCFAPI or its members and myself, relative to membership. 5. That I have read this page of my application in its entirety and that all statements and answers made by me are true and correct to my knowledge, belief and based on official documents, and that if there be any fraud and misrepresentation in the above statement material to risk, KCFAPI, nor for membership. 5. That I have read this page of my application in its entirety and that all statements and answers made by me are true and correct to my knowledge, belief and based on official documents, and that if there be any fraud and misrepresentation in the above statement material to risk, KCFAPI, nor for membership. 6. I fluther agree that and my beneficians or anybody claiming in my betait, and bound by the provisions of this application, which is the sole basis upon which KCFAPI shall issue a Beenflit Certificate (EC) shall have the right to declare such Board and privileges under the Benefit Certificate (EC) shall have the right to declare such Board and privileges under the Benefit Certificate (EC) shall have the right to declare such Board and privileges under the Benefit Certificate (EC) shall have the right to declare such Board privileges and privileges an | been made, and | d provided further that the | re has not been any chan | ge in my health and | | | | | | | | |
| occupation as stated in the application, before accepting delivery of the Benefit Certificate and paying the first contribution and laws of the Kinghts of Columbus of Winch I am a member, which are now inforce or which may be in the future be made or adopted, shall be binding upon me and my beneficiary. 1. That the decision of the Board of Trustees of KCFAPI or of their successors in office shall proval in all matters of dispute between KCFAPI or its members and myself, relative to membership or the obligations of membership. 1. That I have each this page of my application in its entirety and that all statements and advanced by my application in its entirety and that all statements and advanced by my many application in its entirety and that all statements and advanced by my many application in its entirety and that all statements and advanced by my many application in its entirety and that all statements and advanced by my many application in its entirety and that all statements and advanced by my many application in its entirety and that all statements and advanced by my many application in its entirety and that all statements and advanced by my many application in its entirety and that all statements and advanced by my many application in its entirety and that all statements and advanced by my many application in its entirety and that all statements and advanced by my many application in the my many application in sentirety and that all statements and advanced by my many application, which is the sole basis upon which KCFAPI shall sisten a Beeneft Certificate by me. 1. Froposed Assured is below 18 years old, any of the parents must also sign if other than the payor. 1. Signature of Owner/Payor over Printed Name 2. Signature of Owner/Payor over Printed Name 3. Signature of Owner/Payor over Printed Name 3. Signature of Owner/Payor over Printed Name 3. Signature of Owner/Payor over Printed Name 4. For the Applicant to Asswer 5. Po. Box 510 OPO Manilla; Talk No. (2) 9837 7223 to 27; Fax: 8527 223 to 27 | | | | | | | | | | | | |
| 3. That the Articles of Incorporation and By-Laws of KCFAPI and the Charter Constitution and laws of the Knights of Columbus of which I am a member, which are now inforce or which may be in the future be made or adopted, shall be binding upon me and my beneficiary. 4. That the decision of the Board of Trustees of KCFAPI or its members and my beneficiary and the successors in office shall prevail in all matters of dispute believen KCFAPI or its members and manuscry made by me are true and correct to my knowledge, belief and based on official documents; and that if there be wary frout and misrogenesation in the above statement material to risk, KCFAPI, upon discovery within two (2) years from Effectivity Date of the Benefit Certificiate (EC) shall have such BC as null and void. 6. If further agree that I and my beneficiaries or anybody claiming in my behalf, are bound by the provisions of this application, which is the sole basis upon which KCPAPI shall issue a Benefit Certificate to me. 7. While the Proposed Assured is still a minor, all rights and privileges under the Benefit Certificate by the Payor, who shall likewise be the Owner. 8. Signature of Proposed Assured is still a minor, all rights and privileges under the Benefit Certificate by the Payor who shall likewise be the Owner. 9. Signature of Proposed Assured is still a minor, all rights and privileges under the Benefit Certificate by the Payor, who shall likewise be the Owner. 9. Signature of Proposed Assured is still a minor, all rights and privileges under the Benefit Certificate by the Payor over Printed Name 1. From Application of the prevent over Printed Name 1. Signature of Owner/Payor over Printed Name 1. Signature | occupation as s | tated in the application, bef | | | | | in connection w | ith my a | pplication | | | |
| which may be in the future be made or adopted, shall be binding upon me and my beneficiary. 4. That the decision of the Board of Trustees of KCFAPI or of their successors in office shall preval in all matters of dispute between KCFAPI or 15 the membership. 5. That I have read this page of my application in its entirety and that all statements and answers made by me are true and correct to my knowledge, belief and based on official documents; and that if there be any freat and manyerseenation in the above statement material to risk, KCFAPI, upon discovery within two (2) years from Effectivity Date of the Beenefit Certificate (BC) shall have the right to declare such BC as mill and void. 6. I further agree that I and my beneficiaries or anybody claiming in my behalf, are bound by the provisions of this application, which is the sole basis upon which KCFAPI shall issue a Benefit Certificate bine. 7. While the Proposed Assured is still a minor, all rights and privileges under the Benefit Certificate in me. 8. Signature of Proposed Assured is still a minor, all rights and privileges under the Benefit Certificate shall be exercised by the Payor, who shall likewise be the Owner. 8. Signature of Owner/Payor over Printed Name Signature of Proposed Assured over Printed Name If Proposed Assured is below 18 years old, any of the parents must also sign if other than the payor. 9. Signature of Owner/Payor over Printed Name Signature of Proposed Assured over Printed Name Owner/Payor over Printed Name Signature of Proposed Assured over Printed Name Association of Proposed Assured over Printed Name Signature of Proposed Assured over Printed Name Association over Printed Name Signature of Pro | That the Articles | s of Incorporation and By- | | | | | claims aris | ng there | from. | | | |
| beneficiary. A That the decision of the Board of Trustees of KCFAPI or of their successors in office shall prevail in all matters of dispute between KCFAPI or its members and myself, relative to membership of the obligations of membership. 5. That I have read this page of my application in its entirely and that all statements and answers made by me are true and correct to my knowledge, belief and based on official obcuments; and that if there be any fraud and misrepresentation in the above statement material to in KK, KCFAPI upon discovery within two (2) veas from Effectivity Date of the Benefit Certificate (2) shall have the right to declare such BC as null and void. 6. If further appetent all and my beneficiaries or anybody claiming in my beneficiaries to me. 7. While the Proposed Assured is still a minor, all rights and privileges under the Benefit Certificate shall be exercised by the Payor, who shall likewise be the Owner. Signet at | | | | | | | | | | | | |
| prevail in all matters of dispute between KCFAPI or is members and myself, relative to membershor of the obligations of membershor of membersh | beneficiary. | | • | , | Signed at | | this | day | of | | , 20 | · |
| 5. That I have read this page of my application in its entirety and that all statements and answers made by me are true and correct to my knowledge, belief and based on onficial documents; and that if there be any fraud and misrepresentation in the above statement material to risk. KCFAPI upon discovery within two (2) years from Effectivity Date of the Benefit Certificate (BC) shall have the right to declare such BC as rull and void the Benefit Certificate (BC) shall have the right to declare such BC as rull and void by the provisions of this application, which is the sole basis upon which KCFAPI shall issue a Benefit Certificate to me. 1. While the Proposed Assured is still a minor, all rights and privileges under the Benefit Certificate to me. 2. While the Proposed Assured is still a minor, all rights and privileges under the Benefit Certificate is hall be exercised by the Payor, who shall likewise be the Owner. 3. Signature of Proposed Assured over Printed Name 3. Signature of Proposed Assured over Printed Name 4. For The Applicant to Answer 1. Has there been or will there be any change in any existing insurance in force? 3. For the Applicant to Answer 1. Has there been or will there be any change in any existing insurance in force? 4. For The Applicant to Answer 1. Has there been or will there be any change in any existing insurance in force? 3. If yes, place there insurance applied for be paid by a certificate policy) on from any existing certificate policy (so in from any existing certificate) policy (response to the insurance applied for be paid by a certificate) policy? 3. If yes, place it misrance applied for be paid by a certificate policy) on from any existing certificate policy (yes) or Benefit Certificate(s) with a new one. Some of the disadvantages are: 4. You may be the insurance on standard terms 4. You may be the insurance on standard terms 5. You may be the insurance on standard terms 5. You may be the insurance on standard terms 6. You may be the insurance on standard terms | prevail in all ma | atters of dispute between k | CFAPI or its members an | | | | | | | | | |
| answers made by me are true and correct to my knowledge, belief and based on official documents, and that if there be any fraud and misrepresentation in the above statement material to risk. KCFAPI, upon discovery within two (2) years from Effectivity Date of the Benefit Certificate (SC) shall have the right to declare such BC as null and void. 6. I further agree that I and my beneficiaries or anybody claiming in my behalf, are bound by the provisions of this application, which is the sole basis upon which KCFAPI shall issue a Benefit Certificate to me. 7. While the Proposed Assured is still a minor, all rights and privileges under the Benefit Certificate shall be exercised by the Payor, who shall likewise be the Owner. Signature of Proposed Assured shall be exercised by the Payor, who shall likewise be the Owner. Signature of Proposed Assured over Printed Name If Proposed Assured is below 18 years old, any of the parents must also sign if other than the payor. Signature of Owner/Payor over Printed Name KNIGHTS OF COLUMBUS FRATERNAL ASSOCIATION OF THE PHILIPPINES, INC. P. D. Box 510 CPO Manilar, Tel No.: (02) 8527 2223 to 27; Fax: 8527 2235 DECLARATION ON THE PROPOSED REPLACEMENT BENEFIT CERTIFICATE / POLICIES A. For The Applicant to Answer 1) Has there been or will there be any change in any existing insurance inforce? 1) Has there been or will there be any change in any existing insurance inforce? 2) Will contributions for the insurance applied for be paid by a certificate/policy on thom any existing certificate/policy number, and amount of insurance being replaced. **REMINDER* It is usually disadvantageous to REPLACE existing life insurance policy(les) or Benefit Certificate(s) with a new one. Some of the disadvantageous re- **You may not be insurance on standard terms **You may not be insurance on standard term | 5. That I have rea | d this page of my applicat | tion in its entirety and tha | | | Sign | sature of Dronosed | Assured o | vor Drinted | Nama | | |
| material to risk, KCFAPI, upon discovery within two (2) years form Effectivity Date of the Benefit Crifficate (BC) shall have the right to declare such BC as null and void. 6. I further agree that I and my beneficiaries or anybody claiming in my behalf, are bound by the provisions of this application, which is the sole basis upon which KCFAPI shall issue a Benefit Certificate to me. 7. While the Proposed Assured is still a minor, all rights and privileges under the Benefit Certificate shall be excrised by the Payor, who shall likewise be the Owner. Signed at | answers made l | by me are true and correct | to my knowledge, belief a | and based on official | | Olgi | ialure oi Froposca | Assur c a o | Vei Fillica | IName | | |
| 6. I further agree that I and my beneficiaries or anybody claiming in my behalt, are bound by the provisions of this application, which is the sole basis upon which KCFAPI shall issue a Benefit Certificate to me. 7. While the Proposed Assured is still a minor, all rights and privileges under the Benefit Certificate shall be exercised by the Payor, who shall likewise be the Owner. Signature of Proposed Assured by the Payor, who shall likewise be the Owner. Signature of Proposed Assured over Printed Name If Proposed Assured is below 18 years old, any of the parents must also sign if other than the payor: Signature of Owner/Payor over Printed Name KNIGHTS of COLUMBUS FRATERNAL ASSOCIATION OF THE PHILIPPINES, INC. P.O. Box 510 CPO Manila; Tel No.; (02) 8527 2223 to 27; Fax: 8527 2235 DECLARATION ON THE PROPOSED REPLACEMENT BENEFIT CERTIFICATE / POLICIES A. For The Applicant to Answer 1) Has there been or will there be any change in any existing insurance inforce? 1) Has there been or will there be any change in any existing insurance inforce? 2) Will contributions for the insurance applied for be paid by a certificate/policy fam from any existing certificate policy? 3) If yes, please furnish details (name of company, certificate/policy number, and amount of insurance being replaced) PREMINDER It is usually disadvantageous to REPLACE existing life insurance policy(les) or Benefit Certificate(s) with a new one. Same of the disadvantages are: You may not be insurable on standard terms You may have to pay in place contribution in view of higher age. You may lose insurance applied for the years Please not in your own interest, we would advise that you consult your present insurer before making a final decision. Hear from both sides and make a careful comparison. You can then be sure that you are making a decision that is in your best interest. | material to risk, | KCFAPI, upon discovery v | vithin two (2) years from E | ffectivity Date of the | If Prop | nosed Assure | ad is helow 18 v | oars old | anv of t | he nare | nte mus | et also |
| Benefit Certificate to me. 7. While the Proposed Assured is still a minor, all rights and privileges under the Benefit Certificate shall be exercised by the Payor, who shall likewise be the Owner. Signed at | | | | | 11 1 100 | /035u / 100u | | | | ne pare | IIIO IIIG | ot aloo |
| 7. While the Proposed Assured is still a minor, all rights and privileges under the Benefit Certificate shall be exercised by the Payor, who shall likewise be the Owner. Signed at | the provisions of | f this application, which is t | | | | | | | | | | |
| Signature of Proposed Assured over Printed Name If Proposed Assured is below 18 years old, any of the parents must also sign if other than the payor: Signature of Owner/Payor over Printed Name KNIGHTS OF COLUMBUS FRATERNAL ASSOCIATION OF THE PHILIPPINES, INC. P.O. Box 510 CPO Manila; Tel No.: (02) 8527 2223 to 27; Fax: 8527 2235 DECLARATION ON THE PROPOSED REPLACEMENT BENEFIT CERTIFICATE / POLICIES A. For The Applicant to Answer 1) Has there been or will there be any change in any existing insurance in-force? 2) Will contributions for the insurance applied for be paid by a certificate folicy? 3) If yes, please furnish details (name of company, certificate/policy rumber, and amount of insurance being replaced) **REMINDER It is usually disadvantageous to REPLACE existing life insurance policy(les) or Benefit Certificate(s) with a new one. Some of the disadvantages are: **You may have to pay a higher contribution in view of higher age. **You may have to pay a higher contribution in view of higher age. **You may have to pay a higher contribution in view of higher age. **You may have to pay a higher contribution in view of higher age. **You may have to pay a higher contribution in view of higher age. **You may have to pay a higher contribution in view of higher age. **You may have to pay a higher contribution in view of higher age. **You may hose financial benefits accumulated over the years Please note in your own interest, we would advise that you consult your present insurer before making a final decision. Hear from both sides and make a careful comparison. You can then be sure that you are making a decision that is in your best interest. | 7. While the Propo | osed Assured is still a mir | | | | | | | | | | |
| Note: This authorization must be signed whether this application is medical or non-medical | Certificate shaii | be exercised by the Payor, | | | Signature | of Owner/Payo | r over Printed Nam | e S | ignature of | Parent o | ver Printe | d Name |
| Signature of Proposed Assured is below 18 years old, any of the parents must also sign if other than the payor. Signature of Owner/Payor over Printed Name | Signed at | this | day of | , 20 | | | | | | | | |
| Signature of Owner/Payor over Printed Name Signature of Parent over Printed Name KNIGHTS OF COLUMBUS FRATERNAL ASSOCIATION OF THE PHILIPPINES, INC. P.O. Box 510 CPO Manila; Tel No.; (02) 8527 2223 to 27; Fax: 8527 2235 | | Cignature of Dranged As | accurad over Printed Name | | | | ion must be sig | ned whe | ether this | applica | ation is | medical |
| Signature of Owner/Payor over Printed Name Signature of Parent over Printed Name | If Proposed Assured | - : | | sign if other than the | or non-me | edical | | | | | | |
| KNIGHTS OF COLUMBUS FRATERNAL ASSOCIATION OF THE PHILIPPINES, INC. P.O. Box 510 CPO Manila; Tel No.: (02) 8527 2223 to 27; Fax: 8527 2235 DECLARATION ON THE PROPOSED REPLACEMENT BENEFIT CERTIFICATE / POLICIES A. For The Applicant to Answer 1) Has there been or will there be any change in any existing insurance in-force? 2) Will contributions for the insurance applied for be paid by a certificately policy? 3) If yes, please furnish details (name of company, certificatel/policy number, and amount of insurance being replaced) **REMINDER It is usually disadvantageous to REPLACE existing life insurance policy(ies) or Benefit Certificate(s) with a new one. Some of the disadvantages are: **You may not be insurable on standard terms* **You may lose financial benefits accumulated over the years* Please note in your own interest, we would advise that you consult your present insurer before making a final decision. Hear from both sides and make a careful comparison. You can then be sure that you are making a decision that is in your best interest. | | pay | yor: | | | | | | | | | |
| P.O. Box 510 CPO Manila; Tel No.: (02) 8527 2223 to 27; Fax: 8527 2235 DECLARATION ON THE PROPOSED REPLACEMENT BENEFIT CERTIFICATE / POLICIES Por the Applicant to Answer B. For the Fraternal Counselor / Agent to Answer 1) | Signature of Owner/l | Payor over Printed Name | Signature of Parent | over Printed Name | <u> </u> | | | | | | | |
| P.O. Box 510 CPO Manila; Tel No.: (02) 8527 2223 to 27; Fax: 8527 2235 DECLARATION ON THE PROPOSED REPLACEMENT BENEFIT CERTIFICATE / POLICIES Por the Applicant to Answer B. For the Fraternal Counselor / Agent to Answer 1) | | | KNIGHTS OF COLU | MBUS FRATERNAL | ASSOCIATION | OF THE PHIL | IPPINES. INC. | | | | | |
| A. For The Applicant to Answer 1) Has there been or will there be any change in any existing insurance in-force? 1) Has there been or will there be any change in any existing insurance in-force? 2) Will contributions for the insurance applied for be paid by a certificate/policy loan from any existing certificate/ policy? 3) If yes, please furnish details (name of company, certificate/policy number, and amount of insurance being replaced) REMINDER It is usually disadvantageous to REPLACE existing life insurance policy(ies) or Benefit Certificate(s) with a new one. Some of the disadvantages are: • You may not be insurable on standard terms • You may have to pay a higher contribution in view of higher age. • You may lose financial benefits accumulated over the years Please note in your own interest, we would advise that you consult your present insurer before making a final decision. Hear from both sides and make a careful comparison. You can then be sure that you are making a decision that is in your best interest. | | | | | | | | | | | | |
| 1) Has there been or will there be any change in any existing insurance in-force? 2) Will contributions for the insurance applied for be paid by a certificate/policy loan from any existing certificate/policy? 3) If yes, please furnish details (name of company, certificate/policy/les) or Benefit Certificate(s) with a new one. Some of the disadvantages are: • You may not be insurable on standard terms • You may have to pay a higher contribution in view of higher age. • You may lose financial benefits accumulated over the years Please note in your own interest, we would advise that you consult your present insurer before making a final decision. Hear from both sides and make a careful comparison. You can then be sure that you are making a decision that is in your best interest. | A For The Applican | at to Anguar | DECEMBER ON THE | I NOI OOLD KLI LA | | | | | | | | |
| 2) Will contributions for the insurance applied for be paid by a certificate/policy loan from any existing certificate/policy? 3) If yes, please furnish details (name of company, certificate/policy number, and amount of insurance being replaced) REMINDER It is usually disadvantageous to REPLACE existing life insurance policy(ies) or Benefit Certificate(s) with a new one. Some of the disadvantages are: You may not be insurable on standard terms You may have to pay a higher contribution in view of higher age. You may lose financial benefits accumulated over the years Please note in your own interest, we would advise that you consult your present insurer before making a final decision. Hear from both sides and make a careful comparison. You can then be sure that you are making a decision that is in your best interest. | 1) Has there I | been or will there be any chang | ge in any existing | □ Yes □ No | 1) | Has there been | or will there be any | / change ir | | ng \square | Vac \square | No |
| 3) If yes, please furnish details (name of company, certificate/policy number, and amount of insurance being replaced) REMINDER It is usually disadvantageous to REPLACE existing life insurance policy(ies) or Benefit Certificate(s) with a new one. Some of the disadvantages are: You may not be insurable on standard terms You may have to pay a higher contribution in view of higher age. You may lose financial benefits accumulated over the years Please note in your own interest, we would advise that you consult your present insurer before making a final decision. Hear from both sides and make a careful comparison. You can then be sure that you are making a decision that is in your best interest. | 2) Will contrib | outions for the insurance applie | d for be paid by a | | 2) | Will contributions | for the insurance appl | | | | | |
| You may not be insurable on standard terms You may have to pay a higher contribution in view of higher age. You may lose financial benefits accumulated over the years Please note in your own interest, we would advise that you consult your present insurer before making a final decision. Hear from both sides and make a careful comparison. You can then be sure that you are making a decision that is in your best interest. | certificate/policy loan from any existing certificate/ policy? | | | | | | | | | | | |
| You may not be insurable on standard terms You may have to pay a higher contribution in view of higher age. You may lose financial benefits accumulated over the years Please note in your own interest, we would advise that you consult your present insurer before making a final decision. Hear from both sides and make a careful comparison. You can then be sure that you are making a decision that is in your best interest. | REMINDER It is usually disadvantageous to REPLACE existing life insurance policylies) or Repetit Certificate(s) with a new one. Some of the disadvantages are: | | | | | | | | | | | |
| You may lose financial benefits accumulated over the years Please note in your own interest, we would advise that you consult your present insurer before making a final decision. Hear from both sides and make a careful comparison. You can then be sure that you are making a decision that is in your best interest. | You may not be insurable on standard terms | | | | | | | | | | | |
| Please note in your own interest, we would advise that you consult your present insurer before making a final decision. Hear from both sides and make a careful comparison. You can then be sure that you are making a decision that is in your best interest. | | | | | | | | | | | | |
| · | Please note in your own | interest, we would advise that | * | ırer before making a fina | al decision. Hear | from both sides | and make a careful c | omparison. | You can the | n be sure t | that you ar | e making a |
| Signature of Fraternal Counselor over Printed Name Date Signed | acolololi tilat is III youl De | oot HRGIGOL. | | | | | | | | | | |
| · | | Signature of Fraternal Co | ounselor over Printed Name | - | | | D | ate Signed | | | | |

| PART III. NON-MEDICAL AND PERSONAL HISTORY (FAMILY AND CLINICAL HISTORY) | | | | | | | | | | | |
|--|--|---|--|--|--|---|---------------|-------------|--|--|--|
| Family Red A. Proposed | Surname First Name | Age | Living State of I | -lealth | Age at Death | Dec | eased | of Death | | | |
| Assured Father | M.I. | Age | State of I | State of Health Age at Death Cause of Death | | | | | | | |
| Mother | | | | | | | | | | | |
| Siblings | No. of Living No. of Deceased | | | | | | | | | | |
| Children | No. of Living No. of Deceased | | | | | | | | | | |
| B. Owner/Payor | | | | | | | | | | | |
| Father | | | | | | | | | | | |
| Mother | | | | | | | | | | | |
| Siblings | No. of Living No. of Deceased | | | | | | | | | | |
| Children | No. of Living No. of Deceased | | | | | | | | | | |
| Family Physician (if any) | | | | | | | | | | | |
| If you answere | d yes to any of the following questions, please | provide full details | in space provide | ed below. | | <u>'</u> | d Assured | Owne | er/Payor | | |
| 2 | The state of the s | Parana atauta kiaki | h la a di a casa a casa a d'al | hataa Idalaaa | | Yes 🗆 | No 🗆 | Yes | No 🗆 | | |
| , , | our parents or siblings, died or suffered from heart of cumbent elected official, local or national, or seeking | | • | | | | | | | | |
| specify position | | y, pianining, contemple | ating to note any en | ective position | i yes, piease | | | | | | |
| 5. Have you lost | gained weight during the past 12 months? How ma | ny pounds / kilos? Wł | hy? | | | | | | | | |
| | ou, for physical reason, ever been refused or disc | charged from employ | yment, active milita | ry or naval se | vice? | | | | | | |
| 6. b. Have yo | ou applied for or received disability benefits or pension | on from any source? | | | | | | | | | |
| 7. Have you use | d alcoholic beverages in excess, taken habit forming | <u> </u> | vice or treatment for | or alcoholism | n, drugs or other | | | | | | |
| forms of add | | | | | | | | | | | |
| | ged in any hazardous avocation like car/motorcycle ils to the YES answers you indicated on item nos. 3 | | g? How often? | | | | | | | | |
| PART IV. HEALTH DECLARATION | | | | | | | | | | | |
| I AIXI IV. II | EALTH DECLARATION | | | | | | | | | | |
| | d yes to any of the following questions, please | provide full details | s in space provide | ed below. | | | ed Assured | | er/Payor | | |
| If you answered | d yes to any of the following questions, please osed Assured/Payor: | | | | | Propose Yes | ed Assured No | Owne Yes | er/Payor No | | |
| If you answered | d yes to any of the following questions, please | | | | g to: | | | | No | | |
| 9. Has the Propo a. Ever ha | d yes to any of the following questions, please osed Assured/Payor: d medical consultation or treatment by any Physicia | | | | g to: | Yes | No | Yes | - | | |
| 9. Has the Propo a. Ever ha 1) brain 2) lungs 3) kidne | d yes to any of the following questions, please osed Assured/Payor: d medical consultation or treatment by any Physician or nervous system? s or respiratory system? ey or genito-urinary system? | | | | g to: | Yes | No □ | Yes | No □ | | |
| 9. Has the Propo a. Ever ha 1) brain 2) lungs 3) kidne 4) hype | d yes to any of the following questions, please used Assured/Payor: d medical consultation or treatment by any Physician or nervous system? s or respiratory system? ey or genito-urinary system? ertension, heart or circulatory system? | | | | g to: | Yes | No O | Yes | No O | | |
| 9. Has the Propo a. Ever ha 1) brain 2) lungs 3) kidne 4) hype 5) liver | d yes to any of the following questions, please used Assured/Payor: d medical consultation or treatment by any Physician or nervous system? s or respiratory system? ey or genito-urinary system? ertension, heart or circulatory system? or other abdominal organs? | n or other Medical Sp | pecialist for any dise | ease pertainir | g to: | Yes | No | Yes | No □ | | |
| 9. Has the Proportion in the P | d yes to any of the following questions, please used Assured/Payor: d medical consultation or treatment by any Physicial or nervous system? s or respiratory system? ey or genito-urinary system? ertension, heart or circulatory system? or other abdominal organs? ally transmitted diseases, AIDS, cancer, diabetes, gd consultation, hospitalization, surgical operation, co | in or other Medical Sp | pecialist for any dise | ease pertainir | | Yes | No | Yes | No O | | |
| 9. Has the Proportion in the P | d yes to any of the following questions, please used Assured/Payor: d medical consultation or treatment by any Physician or nervous system? so respiratory system? ey or genito-urinary system? ertension, heart or circulatory system? or other abdominal organs? ally transmitted diseases, AIDS, cancer, diabetes, god consultation, hospitalization, surgical operation, coation other than those mentioned above? | n or other Medical Sp goiter & blood or lymp osmetic surgery, med | pecialist for any disconnection and disconnectio | ease pertainir | dical advice or | Yes | No | Yes | No O | | |
| If you answered 9. Has the Proposition of the Prop | d yes to any of the following questions, please used Assured/Payor: d medical consultation or treatment by any Physician or nervous system? so respiratory system? ey or genito-urinary system? ertension, heart or circulatory system? or other abdominal organs? ally transmitted diseases, AIDS, cancer, diabetes, god consultation, hospitalization, surgical operation, coation other than those mentioned above? d any physical defect or deformity, mental impairme your body? | n or other Medical Sp goiter & blood or lymp osmetic surgery, med ent, impaired hearing | pecialist for any disconnection and disconnectio | ease pertainir | dical advice or | Yes | No | Yes | No O | | |
| 9. Has the Propo a. Ever ha 1) brain 2) lungs 3) kidne 4) hype 5) liver 6) sexu b. Ever ha examina c. Ever ha part of y | d yes to any of the following questions, please osed Assured/Payor: d medical consultation or treatment by any Physician or nervous system? so respiratory system? ey or genito-urinary system? or other abdominal organs? ally transmitted diseases, AIDS, cancer, diabetes, god consultation, hospitalization, surgical operation, coation other than those mentioned above? d any physical defect or deformity, mental impairment of the property of the pr | goiter & blood or lymposmetic surgery, medent, impaired hearing of | pecialist for any disease that ic related disease lical implant, accide or eyesight, tumor, | ses? ent, injury, me | dical advice or rmal growth in any | Yes | No O | Yes | No O | | |
| If you answered 9. Has the Proposition of the prop | d yes to any of the following questions, please used Assured/Payor: d medical consultation or treatment by any Physician or nervous system? so respiratory system? ey or genito-urinary system? ertension, heart or circulatory system? or other abdominal organs? ally transmitted diseases, AIDS, cancer, diabetes, god consultation, hospitalization, surgical operation, coation other than those mentioned above? d any physical defect or deformity, mental impairme your body? | goiter & blood or lymposmetic surgery, medent, impaired hearing of | pecialist for any disease that ic related disease lical implant, accide or eyesight, tumor, | ses? ent, injury, me | dical advice or rmal growth in any | Yes | No | Yes | No O | | |
| If you answered 9. Has the Proposition of the Prop | d yes to any of the following questions, please used Assured/Payor: d medical consultation or treatment by any Physician or nervous system? so or respiratory system? ey or genito-urinary system? ertension, heart or circulatory system? or other abdominal organs? ally transmitted diseases, AIDS, cancer, diabetes, god consultation, hospitalization, surgical operation, coation other than those mentioned above? d any physical defect or deformity, mental impairme your body? d taken hormonal pills or silicon injectables? If yes, d X-ray, Electrocardiogram (ECG), biopsy, blood and | goiter & blood or lymp osmetic surgery, med ent, impaired hearing of for what reasons? | pecialist for any disconnection any disconnection any disconnection any disconnection and disconnectio | ses? ent, injury, me | dical advice or rmal growth in any | Yes | No O | Yes | No O | | |
| If you answere 9. Has the Propo a. Ever ha 1) brain 2) lungs 3) kidne 4) hype 5) liver 6) sexu b. Ever ha examina c. Ever ha part of y d. Ever ha e. Ever ha f. Have yo g. FOR Th | d yes to any of the following questions, please osed Assured/Payor: d medical consultation or treatment by any Physician or nervous system? so or respiratory system? ey or genito-urinary system? ertension, heart or circulatory system? or other abdominal organs? ally transmitted diseases, AIDS, cancer, diabetes, god consultation, hospitalization, surgical operation, coation other than those mentioned above? d any physical defect or deformity, mental impairme your body? d taken hormonal pills or silicon injectables? If yes, d X-ray, Electrocardiogram (ECG), biopsy, blood and been sick in the past 30 days? HE CHILD APPLICANT ONLY (6 months to 5 years e child have any physical/mental/congenital defect? | goiter & blood or lymp posmetic surgery, med ent, impaired hearing of for what reasons? nalysis and other diag old): Was the child bo | pecialist for any disconnection any disconnection any disconnection any disconnection and disconnectio | ses? ent, injury, me | dical advice or rmal growth in any | Yes | No O | Yes | No O | | |
| If you answere 9. Has the Propo a. Ever ha 1) brain 2) lungs 3) kidne 4) hype 5) liver 6) sexu b. Ever ha examina c. Ever ha part of y d. Ever ha e. Ever ha f. Have yo g. FOR Th | d yes to any of the following questions, please used Assured/Payor: d medical consultation or treatment by any Physician or nervous system? es or respiratory system? ey or genito-urinary system? ertension, heart or circulatory system? or other abdominal organs? ally transmitted diseases, AIDS, cancer, diabetes, god consultation, hospitalization, surgical operation, contained above? d any physical defect or deformity, mental impairme frour body? d taken hormonal pills or silicon injectables? If yes, d X-ray, Electrocardiogram (ECG), biopsy, blood and but been sick in the past 30 days? HE CHILD APPLICANT ONLY (6 months to 5 years the child have any physical/mental/congenital defect? NONLY (single or married) a. Date of last measured. | goiter & blood or lymposmetic surgery, med ent, impaired hearing for what reasons? allysis and other diagold): Was the child be enstrual period? | chatic related disease dical implant, accide or eyesight, tumor, inostic or pathologic orn prematurely? | ses? ent, injury, me | dical advice or rmal growth in any | Yes | No | Yes | No No | | |
| If you answere 9. Has the Propora. Ever ha 1) brain 2) lungs 3) kidne 4) hype 5) liver 6) sexu b. Ever ha examina c. Ever ha part of y d. Ever ha e. Ever ha f. Have you g. FOR Th | d yes to any of the following questions, please used Assured/Payor: d medical consultation or treatment by any Physician or nervous system? so or respiratory system? ey or genito-urinary system? ertension, heart or circulatory system? or other abdominal organs? ally transmitted diseases, AIDS, cancer, diabetes, god consultation, hospitalization, surgical operation, coation other than those mentioned above? d any physical defect or deformity, mental impairme your body? d taken hormonal pills or silicon injectables? If yes, d X-ray, Electrocardiogram (ECG), biopsy, blood and bou been sick in the past 30 days? HE CHILD APPLICANT ONLY (6 months to 5 years e child have any physical/mental/congenital defect? EN ONLY (single or married) a. Date of last m b. Are your mense | goiter & blood or lymp osmetic surgery, med ent, impaired hearing of for what reasons? halysis and other diag old): Was the child be enstrual period? | pecialist for any disconnection and disconnectio | ease pertaining ses? ent, injury, me lump or abno | dical advice or rmal growth in any for what reasons? | Yes | No O | Yes | No O | | |
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DATA PRIVACY CONSENT

The KCFAPI collects and uses my personal and sensitive information to operate a life insurance business. By signing this form, I agree that all information provided may be processed, shared, disclosed, transferred or used by the KCFAPI for the following purposes in accordance with the R. A. 10173 or Data Privacy Act of 2012, its implementing rules and regulations: Underwriting and approving my application; Administering, servicing and reinsuring my benefit certificate; Securing my information; Marketing, cross selling, promoting and getting feedback on our products and services; Measuring client satisfaction, profiling customers, and doing experience surveys, statistical and risk analysis; Doing automated data processing; Preventing money laundering or terrorist financing activities; Complying with any reportorial and regulatory requirements; Deciding on any insurance or related claim; and for other purposes I consent to.

Subject to the above limitations, I agree that:

KCFAPI's associated companies, business partners, affiliates, subsidiaries, advisors and representatives; industry associations and databases; and local and foreign authorities and third party service providers including but not limited to external auditors may also process, share, disclose, transfer or use my information.

For the information I provided:

I am allowing the KCFAPI to keep them in line with their records retention policy; I will inform the KCFAPI of any changes in personal or sensitive information as soon as possible; and I will hold the KCFAPI free and harmless from any claims, loss, or liability as a result of any transfer, disclosure, processing, collection, use, storage or destruction of said information for legitimate purposes

DECLARATION AND AGREEMENT

I declare and agree:

Signed at_

- That I have read this page of my application in its entirety and I fully understand its contents, and that each and every statement and answer made by me is true to the best of my knowledge, belief and based on official documents and that if there be any fraud and/or misrepresentation in the above statement material to risk, KCFAPI, upon discovery within two (2) years from Effectivity Date of the Benefit Certificate (BC) shall have the right to declare such BC as null and void.
- That if required by KCFAPI, I will promptly submit to one or more medical examinations in connection with this application.
- That I waive, unless prohibited by law, on behalf of myself and my beneficiary or beneficiaries, the privileges and benefits of any and all laws in the Philippines, which are now in force or which may in the future be enacted disqualifying any physician, nurse or other attendant from testifying any action, suit or proceedings as to any facts learned in the course of their professional employment. I consent, unless prohibited by law, that any physician, nurse or other attendant may testify as to such facts in any action, suit or proceedings as fully and freely as though such law had not
- That failure to act or delay in action, or failure to give or a delay in giving to me notice of any action upon this application, shall not create any liability on the part of KCFAPI.

___ this ____ day of ___

| This authorization remains valid and subsisting until such time that I have informed the KCFAPI of such revocation or cancellation. | | | | | | | | | | |
|---|--|---|--|---|--|--|--|--|--|--|
| | | | | Signature of Proposed Assured over Printed Name | | | | | | |
| MEI Disclosure: | DICAL INFOI | RMATION D | ATABASE | If Proposed Assured is below 18 years old, any of the parents must also sign if other than the payor: | | | | | | |
| nedical information will b | e uploaded to | o a Medical | Circular Letter No. 2016-54, your Information Database accessible enhancing risk assessment and | e d | | | | | | |
| preventing fraud. Once up access to your information aw. A copy of Circular | oloaded, all li n in order to p Letter No. 2 | fe insurance rotect your r 016-54 may | companies will only have limited ight to privacy in accordance with be accessed at the Insurance | Signature of Owner/Payor over Printed Name | | | | | | |
| commission's website at <u>www.insurance.gov.ph</u> . | | | | Signature of Parent over Printed Name | | | | | | |
| | F | RATERNAL | COUNSELOR'S (FC's) CONFIDENTIA | AL REPORT ON AP | PPLICANT AND CERTIFICATION | | | | | |
| . a. How long have you know | wn the Propos | ed Assured/Pa | ayor? | | iny information concerning the Appli olitics, legal cases, etc? If so, please | cant's habits, finances, marital status, e give details. | | | | |
| b. Are you related to the P | roposed Assur | ed/Payor? If y | ves, please state relationship. | | | | | | | |
| . a. What is the Proposed A | ssured/Payor's | approximate | net worth? | 5. Additional rema | arke: | | | | | |
| b. His/Her gross yearly inc | come? | | | J. Additional Terms | ains. | | | | | |
| . His/her other sources of in | come, if any? | | | | | | | | | |
| | | | | | | his/her answers are recorded exactly as number/s is/are accurately represented | | | | |
| | | Signa | ature of FC over Printed Name | - | FC Code No. | | | | | |
| | | Signa | ature of Area/ Unit Manager | - | Area Name and Code No. | | | | | |
| | | | REPLACEMENT NO | TIFICATION FOR | м | | | | | |
| nsured: | | | | Date of Birth | | | | | | |
| Address: | | | | Place of Birth | | | | | | |
| Telephone / Mobile No(s) | | | | E-mail Address | | | | | | |
| Name of Applicant if other the | an Assured | | | | | | | | | |
| Existing Benefit Certificate(s) Replaced |)/Policy(ies) to | be | | | | | | | | |
| Company Name (as it appea | rs on the BC/p | olicy) | | | | | | | | |
| nsured's Name (as it appear | rs on the BC/po | olicy) | | | | | | | | |
| Certificate/Policy No(s) | | | | | | | | | | |
| certify that I understand the nature of this | s change and hereby | affix my signature b | elow. | | | | | | | |
| lote: KCFAPI will furnish a copy of this fo | - | pposed Assured Ove | er Printed Name | | Date Signed | | | | | |
| nount of Deposit (If Any) | am to the mistrier(s) d | Currency Peso | □ US Dollar | TR/OR No. | | Date | | | | |
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