



POLICY DIVIDEND FORM

To Whom It May Concern:

This is to authorize THE ARMED FORCES AND POLICE MUTUAL BENEFIT ASSOCIATION, INC. (AFPMBAI) to deposit the proceeds of my policy dividends under the mentioned policy number/s to my bank account, with the following details:

Name: _____ Rank: _____ Serial No.: _____

Unit Assignment / Address / FSU: _____

Home Address: _____ Cellphone No.: _____

Policy Number/s: _____

Bank Account No.: _____

ATM No.: _____

Bank branch name and location: _____

Authorization To Deposit Unclaimed Benefits

☐ (Please put a check mark in the box, if you agree) I hereby authorize The Armed Forces and Police Mutual Benefit Association, Inc. (AFPMBAI) to **automatically deposit** my Dividends, Bonuses, Maturities, and/or Refunds to the bank account details I have with them or through other accredited payment facilities (eg. Palawan Express Pera Padala) for all my existing policy (ies) and/or loans with AFPMBAI.

(Special Request)

Prepare Dividend as:

☐ Cash

☐ Check

☐ Pick up at Head Office

☐ Pick up at Regional Office

☐ For pick up through a Representative *(Special Power of Attorney, Valid ID of the owner and Representative is required)*

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.

SIGNATURE OVER PRINTED NAME

REMINDER:

Please attach copy of Service / Military ID and ATM Card with 3 Specimen Signatures