



AUTO-DEBIT ARRANGEMENT ENROLLMENT FORM

Gentlemen,

This is to authorize BPI _____ branch to debit from my

| | | | |
|--|------------------------|------|--|
| | Regular | No.: | |
| | Electronic Teller (ET) | No.: | |
| | Current Account | No.: | |
| | Savings Account | No.: | |

as payment for my Paramount Life & General Insurance Corporation Policy No. _____

AMOUNT

| | | |
|--|---------------------|--|
| | Annual Premium | |
| | Semi-Annual Premium | |
| | Quarterly Premium | |
| | Monthly Premium | |

Preferred Draw Date _____

I fully understand and agree that the authorization shall be on a continuing basis unless canceled by the undersigned in writing or as determined by PARAMOUNT LIFE & GENERAL INSURANCE CORPORATION.

In the event of the termination of this arrangement whereby premiums are paid monthly, mode of premium shall be changed to the applicable Annual, Semi-Annual or Quarterly mode.

I hereby understand and agree that the unavailability, insufficiency of funds, or closing of account could be a sufficient ground for the immediate revocation/cancellation of this debit arrangement even without prior notice to me. I further agree that PARAMOUNT LIFE & GENERAL INSURANCE CORPORATION shall not be held liable in case of termination of the Policy as a result of such revocation/cancellation.

Depositor's Signature Over Printed Name

Depositor's Signature Over Printed Name