



ENROLLMENT FORM

Gentlemen,

I would like to enroll my Paramount Life insurance policy/ies, for the Visa/Mastercard Premium Payment scheme.

Please list all Paramount Life Policy/Policies to be enrolled

Policy Number	Mode (Annual, Semi-Annual, Quarterly, Monthly)	Premium Amount	Prime Fund Rider (PFR)	Total Amount to be Charged

By executing this form, I hereby expressly and absolutely authorize Paramount Life & General Insurance Corporation, to charge or debit my credit card account (indicated below) all corresponding premiums of the Paramount Life Policy/ies I have listed above and to pay said premiums to Paramount Life without need of any further notice or instruction from me, according to the set schedule of payment to be provided by Paramount Life.

VISA/MASTERCARD ACCOUNT:

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CVV/CVC*

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*last 3 digits at the back of the credit card

EXPIRY DATE

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Month Year

I fully understand and agree that this authorization shall remain in effect until I cancel it by written notification to Paramount Life & General Insurance Corporation at least 30 days in advance of the intended date of cancellation. I will exert best efforts to provide Paramount Life with the new expiry date of a renewed credit card and inform Paramount Life of any changes in the enrolled Visa/Mastercard.

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 if credit is insufficient or unavailable in my Card to meet such debit, this premium payment arrangement shall be immediately revoked/cancelled even without prior notice to me. I further agree that Paramount Life shall not be held liable in case of termination of the Policy as a result of such revocation/cancellation.

Cardmember's Signature Over Printed Name

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