

Generali Life Assurance Philippines, Inc.

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APPLICATION FOR GROUP TERM LIFE INSURANCE

| | | | | | | | |
|-------------------------------|--|----------------|--|-------------------------------|--|-----|--|
| Last Name | | First Name | | Middle Name | | | |
| Date of Birth (MM/DD/YYYY) | | Place of Birth | | Civil Status | | Sex | |
| Employer/Association/Union | | | | Job Title | | | |
| Date of Employment/Membership | | | | Date of Permanent Appointment | | | |

FOR HOME OFFICE USE ONLY

Policy No.
Certificate No.
Effective Date
 Employee
 Employee and Dependents

FOR GROUP LIFE INSURANCE

FOR POLICY WITH DEPENDENT'S COVERAGE

| Name of Beneficiary | Date of Birth | Relationship | Name of Dependents | Date of Birth | Relationship |
|---------------------|---------------|--------------|--------------------|---------------|--------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

I HEREBY CERTIFY that the personal data contained herein are true and correct.

APPLICANT'S SIGNATURE

DATE SIGNED