



CLIENT INFORMATION UPDATE FORM

Planholder's Name:	_____ / _____ / _____ (Last Name) (First Name) (Middle Name)															
Plan Agreement Number/s	(1) _____ (3) _____ (2) _____ (4) _____															
Mobile/Cellphone	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>						-									
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Office <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> (Area Code) (Telephone Number)						-										
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Email	_____															
Mailing Address	_____ _____ _____															

By signing below, I/We hereby if and when applicable:

- Subject to the Data Privacy Act (RA 10173) and the corresponding banking/insurance regulations, I/we agree that the Company and/or its agents may process, obtain, collect, record, organize, store, update, modify, use, access, share and/or disclose ("Process"), information relating to me/us and/or my/our Plan(s) in order to (a) facilitate, monitor, improve the quality of, or otherwise service my account and such products, services, facilities and/or channels availed by me/us, and/or (b) to comply with legal, regulatory or other obligations of the Company under applicable local or foreign laws, rules and regulations (including but not limited to those relating to anti-money laundering, exchange of information among tax authorities, the United States Foreign Account Tax Compliance Act [FATCA] and/or common reporting standards) or as may otherwise be required by correspondent banks and/or financial industry bodies or associations, whether local or foreign. As used herein, the term "Company" shall include the parent BPI and its local or foreign branches, subsidiaries and affiliates (collectively, the BPI Group of Companies), and their respective agents, representatives and outsourced service providers and their respective outsourced providers under an obligation of confidentiality.
- Represent and warrant that all such information and/or documentation provided to Ayala Plans are true, correct, and not misleading.

Also, I hereby authorize Ayala Plans to communicate to me via Short Messaging Service (SMS) regarding, among others, financial and plan-related information pertaining to my plan. I shall notify Ayala Plans in case of any changes in my cellphone number. I hereby release, indemnify and hold Ayala Plans free and harmless from any liability of whatsoever kind and nature in connection with the said authorization. I hereby declare under penalties of perjury that the above information is true and correct. Please recognize in any transaction the following Planholder's signatures:

Signature over printed name of Planholder:

1. _____ 2. _____ 3. _____

Note: All three (3) specimen signatures should be similar.

Date Signed: _____