



DATA PRIVACY ACT FORM
(SUPPLEMENTARY PAGE FOR THE TRANSACTION BELOW)

PLANHOLDER: _____

PLAN NUMBER: _____

TRANSACTION: (Please check)

AMENDMENT

RE-ISSUANCE OF LOST PLAN CONTRACT

REINSTATEMENT

OTHERS: (Please specify) _____

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

1. *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.*
2. *Represent and warrant that all such information and/or documentation provided to Ayala Plans are true, correct, and not misleading.*

Planholder's Signature over Printed Name

Date