

APPLICATION FORM
PNBGEN 6-in-1 FAMILY ACCIDENT
PROTECTOR PLAN

Name of Proposed Insured _____

Residence Address _____

Telephone Number: _____

Sex ____ Male ____ Female
 Age ____ Height ____ Weight ____
 Occupation _____
 Specific Duties _____

Name of Insured's Spouse _____

Sex ____ Male ____ Female
 Age ____ Height ____ Weight ____
 Occupation _____
 Specific Duties _____

Plan selected: (Please check the desired Plan)

Plan I Plan II Plan III Plan IV

Insured Children
 /Parents/Brother(s)

Sister(s)	Relationship	Birthdate	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- If you are married, we automatically cover your spouse and your unmarried children.
- If you are single, we automatically cover your parents and unmarried brothers and sisters.
- Your spouse or parents should be at least 18 years old but not over 60 years old.
- Your children, brothers or sisters must be unmarried and between the ages of 1 and 22 years old, if full time student.
- Up to a maximum of four (4) persons only.

Name(s) of Beneficiary(ies)	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Effective Date of Insurance: _____

DECLARATION

I declare to the best of my knowledge and belief that the statements made by me or on my behalf are true and complete and

I have not withheld any information material to this Application. I agree that this Application shall be incorporated in the Contract myself and I agree to be bound by the terms and conditions of the Policy.

Signature of the Proposer _____ Date _____

(For PNB/PNBGen Personnel use only)

Referred by: _____ Endorsed/Noted by: _____ Approved by: _____

 PNB Branch Manager PNBGen Service Officer/
 _____ Branch P.A. Underwriter
 Date: _____ Date: _____ Date: _____

"6 IN 1 FAMILY PROTECTOR PLAN IS NOT INSURED WITH THE PHILIPPINE DEPOSIT INSURANCE CORPORATION AND IS NOT GUARANTEED BY THE PHILIPPINE NATIONAL BANK."