



KofC Family ... Our Concern

Knights of Columbus Fraternal Association of the Philippines, Inc. (KCFAPI)

KCFAPI Center, Gen. Luna corner Sta. Potenciana Streets, Intramuros, Manila, Philippines 1002
Tel.: (02) 527-2223; Fax: (02) 527-2241 TIN: 001-007-909

Proposed Assured			Owner/Payor		
Surname	First Name	Middle Name	Surname	First Name	Middle Name

DATA PRIVACY CONSENT

The KCFAPI collects and uses my personal and sensitive information to operate a life insurance business. By signing this form, I agree that information provided may be processed, shared, disclosed, transferred or used by the KCFAPI for the following purposes in accordance with the R. A. 10173 or Data Privacy Act of 2012, its implementing rules and regulations:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> Underwriting and approving my application; Administering, servicing and reinsuring my benefit certificate; Securing my information; Marketing, cross selling, promoting and getting feedback on our products and services; Measuring client satisfaction, profiling customers, and doing experience surveys, statistical and risk analysis; | <ul style="list-style-type: none"> Doing automated data processing; Preventing money laundering or terrorist financing activities; Complying with any reportorial and regulatory requirements; Deciding on any insurance or related claim; and For other purposes I consent to. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Subject to the above limitations, I agree that

- KCFAPI's associated companies, business partners, affiliates, subsidiaries, advisors and representatives;
- industry associations and databases; and
- local and foreign authorities and third party service providers including but not limited to external auditors

may also process, share, disclose, transfer or use my information.

For the information I provided:

- I am allowing the KCFAPI to keep them in line with their records retention policy;
- I will inform the KCFAPI of any changes in personal or sensitive information as soon as possible; and
- I will hold the KCFAPI free and harmless from any claims, loss, or liability as a result of any transfer, disclosure, processing, collection, use, storage or destruction of said information for legitimate purposes.

This authorization remains valid and subsisting until such time that I have informed the KCFAPI of such revocation or cancellation.

MEDICAL INFORMATION DATABASE

DISCLOSURE:

In accordance with the Insurance Commission's Circular Letter No. 2016-54, your medical information will be uploaded to a Medical Information Database accessible to life insurance companies for the purpose of enhancing risk assessment and preventing fraud. Once uploaded, all life insurance companies will only have limited access to your information in order to protect your right to privacy in accordance with law. A copy of Circular Letter No. 2016-54 may be accessed at the Insurance Commission's website at www.insurance.gov.ph.

Signature of Proposed Assured over Printed Name

Signature of FC over Printed Name

If Proposed Assured is below 18 years old, owner/payor must also sign below:

FC Code No.

Signature of Payor over Printed Name

Date Signed: ____/____/____

Date Signed: ____/____/____