FIRST LIFE GROUP YEARLY RENEWABLE TERM INSURANCE ENROLLMENT FORM

I wish to enroll in the insurance coverage of:

Members 18 to 65 years old

☐ P100,000.00 (Premium P540.00)

☐ P1,000,000.00 (Premium P5,400.00)

☐ P3,000,000.00 (Premium P16,200.00)

☐ P500,000.00 (Premium P2,700.00)

☐ P2, 000,000.00 (Premium P10,800.00)

Members 66 to 70 years old

☐ P50,000.00 (Premium P210.00)

☐ P500,000.00 (Premium P2,100.00)

☐ P1,500,000.00 (Premium P6,300.00)

☐ P250,000.00 (Premium P1,050.00)

☐ P1, 000,000.00 (Premium P4,200.00)

for the period covering December 28, 2025 up to December 27, 2026 and hereby designate SESLA as the primary beneficiary for my insurance account.

For my premium payment:

☐ Please debit my Capital Contribution account.

☐ Attached is my check# _____ payable to SESLA.

☐ Direct deposit to SESLA BDO Acct No. 00544-800-8980 or UnionBank Acct. No. 0420-3000-1058 (Please submit proof of payment to: seslabackroom@sesla.com)

_____ Printed Name

_____ Civil Status

_____ Date of Birth

_____ Contact Details

_____ Company

_____ Workbase

_____ Signature