



InLife Benefits Insurance Company, Inc.
 10th Floor Petron Mega Plaza, Makati City Philippines 1209
 P +632 8888 0808 | TIN 203-028-895-000
 inlifebenefits.com.ph

AUTO – CREDIT ARRANGEMENT FORM

Kindly fill out all necessary information below.

We provide assurance that your personal details will be treated with utmost security and confidentiality. Only the InLife Benefits Principal Member and/or Bank Account Holder shall be permitted to accomplish this form.

FULL NAME OF PRINCIPAL MEMBER: _____

EMAIL ADDRESS: _____ CONTACT NUMBER: _____

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: () Savings () Current () Others. Please specify: _____

BANK NAME: _____ BANK LOCATION: _____

PRIVACY CONSENT:

I understand and acknowledge that InLife Benefits Insurance Company, Inc. (“INLIFE BENEFITS”) will ensure the security and confidentiality of my data throughout the performance of bank details enrollment and verification for policy benefit disbursement and other policy-related payments, and the retention of records for regulatory compliance, audit requirements, and resolution of policyholder account inquiries in accordance with applicable laws and company retention policies.

DESCRIPTION OF INFORMATION:

The information to be collected, use, and process of INLIFE BENEFITS may include, but is not limited to, the following sensitive personal information referred to you as policy holder and member of the Group Insurance Policy. Full Name of Principal Member, Account Name, Account Number, Email Address, Contact Number, Bank Name, Bank Location, Type of Account, Signature.

This consent form solely pertains to the disclosure of personal data related to the policy holder named herein. It does not extend to personal information concerning any dependents covered under the Group Insurance Policy. Any disclosure of personal data pertaining to dependents would require separate consent from the respective individuals. Dependents may be required to sign a separate consent form, as deemed necessary by INLIFE BENEFITS, to authorize the disclosure of their personal data. This consent form exclusively pertains to the employee’s personal data as outlined herein.

PROHIBITED USES:

Any other use or purpose of the disclosed personal data, apart from the purpose mentioned above, is strictly forbidden.

VOLUNTARY BASIS:

I acknowledge and confirm that my consent provided herein is freely given, without any coercion, duress, or undue influence. I understand that I have the right to refuse or withdraw my consent at any time without facing any negative consequences or retaliation.

Furthermore, I affirm that my decision to provide consent is entirely voluntary, and I have not been compelled or pressured in any manner to grant this consent. I have had sufficient opportunity to review and consider the implications of providing my personal data for the stated purpose, and I am providing consent based on my own free will.

This provision serves as an assurance that my consent is genuine and not a result of any form of manipulation or improper inducement. I reserve the right to exercise my autonomy and control over my personal data, including the right to refuse or withdraw consent, in accordance with applicable laws and regulations.

Thus, I reserve the right to withdraw this consent at any point in time, without affecting the lawfulness of any processing carried out prior to the withdrawal.



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SECURE DISPOSAL:

After the completion of above-mentioned purpose, it is agreed that all personal data utilized for bank details enrollment and verification for policy benefit disbursement and other policy-related payments will be promptly and securely removed from INLIFE BENEFITS' systems and any other relevant databases used for bank details enrollment and verification for policy benefit disbursement and other policy-related payments after a period of agreed retention period contract agreement which is five (5) years, for regulatory compliance, audit requirements.

This removal shall be conducted in a manner that ensures the complete erasure of such data, thereby safeguarding policy holder's privacy and confidentiality. Furthermore, INLIFE BENEFITS shall ensure it undertakes appropriate measures to certify in writing the deletion of said data in compliance with applicable data protection regulations towards INLIFE BENEFITS at any time.

DATA SUBJECT RIGHTS:

As data subject, I retain all my rights under applicable data protection laws, including:

- Right to Access: I have the right to request access to my personal data held by covered Group Policy Holder and INLIFE BENEFITS.
- Right to Rectification: I have the right to request the correction or updating of any inaccurate or incomplete personal data.
- Right to Erasure: I have the right to request the deletion or removal of my personal data when it is no longer necessary for the purpose for which it was collected.
- Right to Object or Restrict: I have the right to object to the processing of my personal data for purposes other than those stated in this consent form.
- Right to Withdraw Consent: I have the right to withdraw my consent at any time, without affecting the lawfulness of processing based on consent before its withdrawal.

For any inquiries or concerns regarding data privacy matters, including the processing of my personal data, I understand that I may contact the Data Privacy Office of INLIFE BENEFITS at privacy@inlifebenefits.com.ph.

Additionally, I can access INLIFE BENEFITS's most recent Privacy Policy at <https://www.inlifebenefits.com.ph/privacy-policy/>.

By signing below, I confirm that I have read and understood the contents of this consent form and voluntarily agree to the use of my data as outlined herein.

Company Name: _____

Policy Owner / Principal Member's Full Name: _____

Signature over Printed Name of Member /
Bank Account Holder / Authorized Representative

Date Signed