

PAYMENT OPTIONS (Please select one)

- Cash (US\$ only)**
Please pay in person at Pioneer Head Office, 3rd Floor, 108 Paseo de Roxas St., Legaspi Village, Makati City. Please bring a copy of the debit note(s).
- Bank Transfer**
For direct premium remittances, please send full payment (inclusive of all bank charges) to:

Bank: Banco De Oro
Account Holder: Pioneer Life Inc.
Account No.: 105390-03193-9
Swift Address: BNORPHMM

Note:
 - a. All bank charges (outbound and inbound) will be borne by the remitter
 - b. Please indicate your Policy Number as payment details to your bank
 - c. Please email the bank remittance advice or instruction slip with your Policy Number to PLI_cashier@pioneer.com.ph for our accounting records and to issue an Official Receipt.
- Credit Card**
Please complete the Credit Card Authorization below:

CREDIT CARD AUTHORIZATION

I/we, the undersigned, authorize you to charge my credit card for payment of GlobalHealth insurance premiums as stated below:

Policyowner: _____

Policy Number (if known): _____

Phone: _____ Email: _____

Visa Mastercard American Express JCB

Card Number: _____ Expiry Date: _____

Cardholder's Name: _____

Issuing Bank: _____

Amount US\$: _____

Signature: _____ Date: _____

Please note:

- 1) Card payment and effectiveness is subject to the credit card centre's approval.
- 2) Please attach photocopies of the following:
 - a. front and back of your credit card
 - b. two (2) valid IDs.

PRODUCER INFORMATION (if applicable)

Producer Name: _____ Producer Code: _____

Address: _____

Phone No.: _____ Fax No.: _____

Email: _____

Pioneer House Makati
Attn: GlobalHealth Asia
108 Paseo de Roxas, Legaspi Village,
Makati City 1229, Philippines
Tel: +852 2523 8778 Fax: +852 2526 0769
Email: pliapp@pioneer.com.ph