



PCGSLAI

MORTGAGE REDEMPTION INSURANCE

APPLICATION FOR COVERAGE IN THE PCGSLAI MORTGAGE REDEMPTION INSURANCE (MRI)

PERSONAL DATA:

Name: _____ Gender: _____ Date of Birth: _____

Height: _____ Weight: _____ Occupation: _____

Address: _____

Beneficiaries	Age	Relationship

I hereby present and declare to the best of my knowledge, that:

1. I am more than 18 years old but have not attained the age of 65.
2. I do not have, never had, nor have consulted any physician for heart illness, high blood pressure, lung or kidney ailment, tumor, cancer or any other physical impairment or complaints, nor have undergone operation or hospitalization for the last five (5) years.
3. I am in good health and able to perform normal activities in pursuit of a livelihood and free from any physical or mental impairment.
4. I am now physically fit and in good health as of the signing of this document.

Signed at _____ this _____ day of _____, 20 _____



Left Thumbmark



Right Thumbmark

Signature



PCGSLAI MORTGAGE REDEMPTION INSURANCE

PCGSLAI Building, Coast Guard Base Farola, Farola Compound
Muelle dela Industria, Binondo, Manila, 1006 Manila
Tel. Nos.: (02) 243-7518 / (02) 243-7915 • Fax No.: (02) 708-9357
Cell. Nos.: 0917-5134259 (Globe) • 0947-9949540 (Smart)
Website: www.pcgslai.com.ph • E-mail: pcgslai.loan@gmail.com

Cert. No.: _____

Effective Date: _____

PCGSLAI

(Hereinafter called the CREDITOR)

Hereby certifies that under and subject to the Terms of a Mortgage Redemption Insurance (MRI) issued by the INSURER (as determined by the Board of Trustees),

(hereinafter called the BORROWER)

is indebted to the CREDITOR for the unpaid balance of Promissory Note (or other credit instruments evidencing the indebtedness) or has an obligation against contingency of death, provided that the indebtedness does not exceed _____.

In the event of the BORROWER's death before his/her obligation with the CREDITOR shall have been fully paid and upon receipt and approval of due proof of the BORROWER'S death, the total amount of his/her death benefit shall be paid by the INSURER to the CREDITOR to cover the total loan obligation of the BORROWER.

This Insurance Certificate is issued under and subject to the provisions of the MRI Agreement between the CREDITOR and the INSURER.

This Insurance Certificate shall remain in-force as long as the loan obligation of the BORROWER is outstanding and he/she remains eligible for coverage under the MRI program of the INSURER.

MRI Officer

AUTHORIZATION FOR PAYROLL / PENSION DEDUCTION AND REMITTANCE

TO WHOM IT MAY CONCERN:

I hereby authorize deduction from my payroll / pension and remittance in the amount of _____ Pesos (P _____) every month starting _____, 20_____ as payment for the obligation with the PCGSLAI until same obligation has been fully paid. This authorization shall not be revised or rescinded without the approval in writing of the PCGSLAI. In case of my retirement or separation from the service, I further authorize you to deduct from my separation / retirement benefits the unpaid balance of this loan. I agree that no other request on my part shall exempt me from the responsibility of seeing to it that the corresponding deductions are promptly and religiously effected and remitted to PCGSLAI as they become due.

Signature Over Printed Name
Co-Maker

Signature Over Printed Name
Borrower

Signature Over Printed Name
Co-Maker

IMPORTANT: Deduction from Co-maker will take effect in case of default in payment by the Principal borrower for whatever reason(s) except death.

I hereby certify that the Borrower is a bonafide member of this unit/office and that he/she is not due for separation in the near future. This further certifies that he/she has no pending case in this unit/office.

Signature Over Printed Name
DIST / UNIT / CO /
Station Commander / Admin Officer

Unit / Office

I hereby undertake to deduct the amount indicated in the foregoing authorization and remit the same to PCGSLAI. Any change or stoppage of payment shall be effected only upon the written request from PCGSLAI.

Signature Over Printed Name
Commanding Officer / CGFC

PCGSLAI Copy

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Co-Maker

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Signature Over Printed Name
Commanding Officer / CGFC

Borrower's Copy