



CLIENT INFORMATION UPDATE FORM

Policy/ Plan Owner's Name	_____ , _____ <i>(Last name) (First Name)</i>		Date: ____/____/____ <i>MM DD YY</i>																																			
Policy/ Plan Number/s	(1) (2)	(3) (4)																																				
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	<i>(Area Code)</i>				<i>(Telephone Number)</i>																																	
Email	_____																																					
Billing Address	_____ _____																																					

I hereby authorize Ayala Life & Ayala Plans to communicate to me via Short Messaging Service (SMS) regarding, among others, financial and policy-related information pertaining to my policy/plan. I shall notify Ayala Life/ Ayala Plans in case of any changes in my cellphone number. I hereby release, indemnify and hold Ayala Life/ Ayala Plans free and harmless from any liability of whatsoever kind and nature in connection with the said authorization. I hereby declare under penalties of perjury that the above information are true and correct. Please recognize in any transaction the following Policy / Plan Owner's signatures:

1. _____ 2. _____ 3. _____

Note: All three (3) specimen signatures should be similar