PARAMOUNT
DIRECT

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REINSTATEMENT DECLARATION

PART A

NAME _____ POLICY NO. _____
BIRTHDATE _____ AGE _____ HEIGHT _____ WEIGHT _____ EMAIL ADDRESS _____
EMPLOYER _____ OCCUPATION _____
CELL PHONE NO. _____ TEL. NO. _____

I hereby declare that during the past five years (5) years:

1. I have never consulted a doctor for medical treatment or advice for treatment nor have I been taking medications nor have been confined in a hospital, clinic or similar institution.
2. I have never been medically advised that I had: heart trouble, high blood pressure, cancer, diabetes, epilepsy or tuberculosis.
3. I am not aware of any impairment in my health or physical condition.

IF THIS DECLARATION CANNOT BE SIGNED WITHOUT EXCEPTION, PLEASE COMPLETE PART B (below).

Please note that this policy will be considered for reinstatement on the basis of the above declaration. This policy will cover loss resulting from injury which occurs after Paramount Life & General Insurance Corporation receives your premium and approves the reinstatement. Loss due to sickness will be covered provided that it began more than ten (10) days after the date of reinstatement. The Pre-Existing Conditions Limitation, Incontestability and Death by Self-Destruction provisions of the Policy, if applicable, will start to run anew from the date of the approval of this reinstatement.

I authorize Paramount Life & General Insurance Corporation to move my Policy Date, if applicable, in connection with the reinstatement of my policy by redating method.

SIGNATURE ✓ _____ DATE _____

It is important that you sign and date this form on the spaces provided.

PART B

(To be completed if any or all of the above declarations cannot be signed without exception.)

NAME OF DOCTOR _____
ADDRESS OF DOCTOR _____
DATE/S OF CONSULTATION/S _____
REASON FOR CONSULTATION _____

RESULT OF CONSULTATION (Indicate Details) _____

SIGNATURE ✓ _____ DATE _____

It is important that you sign and date this form on the spaces provided.

**See reverse side for the Data Privacy Statement*

FRAUD WARNING

"Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim."

PRIVACY NOTICE

I hereby consent to the processing of the personal data stated above whether manually or via electronic channels, including but not limited to the collection, usage, storage, and disclosure to third parties, by Paramount Life & General Insurance Corporation (hereafter, "PLGIC"), its subsidiaries, affiliates, directors, officers, employees, and agents (a) to verify and/ or confirm any information provided or representation made, (b) to provide, facilitate, monitor and improve the quality of services offered or may be offered by PLGIC, (c) for customer/client profiling, and (d) for marketing purposes. I likewise consent to the processing of the personal data stated above whether manually or via electronic channels, including but not limited to the collection, usage, and storage by authorized third parties for the foregoing purposes.

Such processing may be conducted for the duration of my availment of PLGIC's products, services, facilities and/or channels. I further consent that the personal data stated above shall be retained by PLGIC for an additional period of at least five (5) years, or for a longer period if the personal data is related to or required to be preserved for litigation or to comply with legal or regulatory requirement. I likewise consent to the correction, amendment, deletion and/or disposal by PLGIC, its subsidiaries, affiliates, directors, officers, employees, agents, and authorized third parties, of the personal data which may be inaccurate or incorrect.

I understand and agree that the consent hereby given may be revoked or withdrawn through formal written notice to PLGIC.

Signed at _____ this_____ day of _____,20_____.

_____
Signature of Policyowner/Applicant

_____
Signature of Insured
(if different from Policyowner and not a minor)