

Policyholder Premium Remittance Document

Life Insurance

Policyholder Name:

Address:

Contact Number:

Policy Number:

Date of Issue:

Due Date:

| Premium Term | Amount Due | Payment Method | Status |
|--------------|------------|----------------|--------|
| | | | |

Total Amount Due:

Instructions:

Please remit payment to the designated account as per policy agreement. For inquiries, contact your agent or visit our nearest branch office.

Policyholder Signature

Date:

Company Representative

Date: