

Email Address

CO-BORROWER INFORMATION

Spouse's Maiden/Co-borrower's Name: (Last, First, Middle) _____ Date of Birth: (mm/dd/yyyy) _____

Citizenship _____ TIN: _____

Educational Attainment:
 High School Vocational College Post Graduate Others: _____

Email Address _____ Home Tel. No.: _____ Mobile No.: _____

EMPLOYMENT / BUSINESS INFORMATION

	Borrower	Spouse/Co-Borrower
Employment Type	<input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> OFW - Locally hired <input type="checkbox"/> OFW - hired abroad <input type="checkbox"/> Self-Employed	<input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> OFW - Locally hired <input type="checkbox"/> OFW - hired abroad <input type="checkbox"/> Self-Employed
Employer / Business Name		
Employer / Business Address		
Email Address		
Type of Business	<input type="checkbox"/> Single Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	<input type="checkbox"/> Single Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
Nature of Business		
Years Employed (if locally employed) / Years in business (if self-employed)		
Present Position / Title		

PROPERTY CONTACT PERSON:

CONTACT NUMBER: _____

PREFERRED DATE OF VISIT: _____

2. I/We hereby willingly, voluntarily, and with full knowledge of my/our right under the law, waive the right to confidentiality of information and authorize Security Bank ("the Bank") to disclose, divulge and reveal any such information relating to my/our account, including events of default, for the purpose of, among others, client evaluation, credit reporting or verification and recovery of the obligation due and payable to the Bank under the terms and conditions of this agreement. In view of the foregoing, the Bank may disclose, divulge and reveal the aforementioned information to third parties, including but not limited to my/our employers, the Bank's affiliates, subsidiaries, agents or service providers, the Banker's Association of the Philippines - Credit Bureau (BAP - CB) or to any similar central monitoring entity or recipients as provided for by law and required by competent authority.

I/We further authorize the Bank, as my/our Attorney-in-Fact, to conduct random verification with the Bureau of Internal Revenue (the "BIR") in order to establish the authenticity of my/our Income Tax Statements (the "ITR") and the accompanying financial statements/documents submitted to the Bank in accordance with banking regulatory requirements.

I/We hold the Bank free and harmless from any and all liabilities, claims and demands of whatever kind or nature in connection with or arising from the aforementioned disclosure or reporting.

3. I/We also agree that the appraisal report will be forwarded directly to the Bank for its sole use only.

4. Any information given by me/us or other persons I/we authorize, which is not true or accurate, will automatically cause the Bank to reject my/our loan or cancel its approval.

5. In case of disapproval, I/we understand that the Bank is under no obligation to disclose the reason/s for such disapproval.

6. I/We further certify that the proceeds of the loan, if this application is approved, will be used solely for the purpose stated in the application.

7. The foregoing shall continue to be in full force and effect until my/our loan obligation with the Bank has been fully extinguished.

8. Offer and Acceptance of Other Bank Products. I/We hereby authorize the Bank to provide me/us with a consumer loan or an additional bank product/s (but not limited to auto loan, personal loan, credit card) at the Bank's sole discretion. My/Our acceptance of the credit card or the proceeds of any loan released pursuant thereto shall be conclusive proof of my/our acknowledgement of my/our additional indebtedness to the Bank under the Terms and Conditions set forth by the Bank and prevailing at the time when the additional loan is approved.

PRINTED NAME AND SIGNATURE OF APPLICANT/BORROWER	DATE	PRINTED NAME AND SIGNATURE OF SPOUSE/CO-BORROWER	DATE

BROKER / AGENT

Referred by Broker / Agent?:
 YES NO If YES, kindly accomplish the fields below, otherwise kindly indicate N/A

Broker Name: _____ Broker Contact No.: _____ Borrower Signature / Conformity: _____

FOR BANK'S USE ONLY: REFERRAL INFORMATION

Employee Name and Employee Number: _____

Sale ID.: _____ Branch / Unit: _____

For the requirement of MRI, kindly fill out the FWD application form below.



Mortgage Redemption Insurance Form

Get fully protected with FWD's Mortgage Redemption Insurance. Mortgage Redemption Insurance will repay your outstanding Home Loan Balance in the event of death.

APPLICATION

I, _____ (the "Insured Borrower"), am applying for Mortgage Redemption Insurance provided by FWD based on the information that I have provided in Security Bank's Home Loan Application Form and this Application Form.

HEALTH STATEMENT TICK AS APPROPRIATE

- I am in good health and have never suffered from, received advice or treatment for nor have any indication of: cancer, cancerous growth/tumour, chest pain, heart attack, high blood pressure, stroke, diabetes, hepatitis, any disorder of the heart, lung, liver, kidney, spine, joints, digestive system, mental or nervous disorder, blood disorder, endocrine disorder, disorder of eyes, alcoholism, drug abuse, AIDS or AIDS related complications. YES NO
 If you have answered "No", please write the condition(s) that you have experienced: _____
- Within the past five years, I have not been admitted nor been advised to be admitted as an in-patient in a hospital or clinic except for a routine health check-up, cold, influenza, hepatitis A, upper or lower respiratory tract infections, gall bladder/kidney stones, tonsillectomy, herniotomy, gastroenteritis, appendectomy, cholecystectomy, haemorrhoidectomy and pregnancy / birth. YES NO
- I have never had an insurance application or insurance policy declined, rated up, postponed, accepted on special terms or rescinded due to misrepresentation and/or concealment. YES NO

Please note: FWD will make every attempt to approve your application. If you ticked "no" to any of the above questions, FWD may contact you to request further information about your health.

BENEFICIARIES

Upon your death while coverage is in force, FWD will repay your outstanding Home Loan Balance as at the date of death. Any death benefit remaining after this repayment will be paid to your below nominated Primary Beneficiary and Contingent Beneficiary (if the Primary Beneficiary is deceased).

Revocable Beneficiary	Name (First, Middle, Last)	Date of Birth (mm/dd/yyyy)	Relationship to You
Primary			
Contingent			

DECLARATIONS

- By signing this Application Form for Mortgage Redemption Insurance, I understand and confirm that:
- The information and answers that I have provided in the Home Loan Application Form, this Application Form and any attached document/s are complete and true. I acknowledge that FWD may nullify my Mortgage Redemption Insurance if I have provided inaccurate or incomplete information or answers.
 - I authorize FWD to collect, store and use my personal, medical and financial information to evaluate my Mortgage Redemption Insurance Application Form and authorize FWD to disclose and transfer such information to its subsidiaries and affiliates including, any medical information sharing facility, as may be necessary.
 - I may be contacted by FWD in relation to this application and to administer my insurance, if approved.
 - My insurance coverage will be in accordance with the terms and conditions of the Mortgage Redemption Insurance Policy entered into by Security Bank with FWD.
 - To ensure continuous insurance protection, I authorize Security Bank to automatically debit my account to cover for the Mortgage Redemption Insurance premium if and when due.
 - If death occurs within the first two years of coverage and is the result of suicide whilst sane, my insurance will be nullified and FWD will refund any premiums paid to my estate.

PRINTED NAME AND SIGNATURE OF THE INSURED BORROWER	DATE OF SIGNING

About FWD: In partnership with Security Bank Corporation, FWD aims to become the leading pan-Asia life insurer that changes the way people feel different about insurance by delivering innovative insurance products and leveraging on technology to enhance the customer experience. Visit FWD.COM.PH for more details