

Registry No. _____

Voucher No. _____

NEW RELOAN

PENSIONADO LOAN APPLICATION

I hereby apply for a loan in the amount of PESOS _____
(P. _____) for the following purpose:

- Home Renovation Travel Family Events Others (Please state below)
 Medical Education Loan Buy-out

for a term of: 12 months 18 months 24 months

which I promise to pay in accordance with the rules, regulations, terms and conditions of CITY SAVINGS BANK as stipulated in this application form, the Promissory Note of even date and such other documents executed together with this loan; all of which I certify to have read and understood clearly.

PERSONAL INFORMATION

Name in Print _____ Age: Civil Status: _____

Surname First Name Middle Gender: Male Female

Present Address: _____ Date of Birth (mm/dd/yy): / /

Birth Place: _____ Nationality: _____

Permanent Address: _____ Zip code: Religion: _____

Email Address: _____

TIN #: Res. Tel. No.: _____ Mobile #: _____

(If Married) Spouse Information:

Name of Spouse: _____ Age: Tel. No. _____

Position/ Name of Employer: _____ / _____ Monthly Income: _____

PENSION INFORMATION

Pension: GSIS SSS ID No.: _____ Date of Retirement(mm/dd/yy): / /

Bank: Unionbank City Savings Bank UMID Account No.: _____ Availd of the 18 month Lump-sum Pension? YES NO

Branch Location: _____ Monthly Pension Amount: _____

INFORMATION FOR INSURANCE COVERAGE

A. HEALTH DECLARATION

Please read accordingly and fill out with the best of your knowledge.

I hereby warrant and declare to the best of my knowledge that in the date of the release of my loan, I am currently well and possess sound health and am able to perform the usual activities in the pursuit of my livelihood and that:

1. I am in good health and entirely free from any mental or physical impairments or deformities.
2. I have not been advised of, treated for, or had any known indication of:
 - (a) Metastatic cancer diagnosed and/or treated within the last five years of application or enrollment for insurance.
 - (b) End-stage kidney failure or chronic renal failure requiring dialysis.
 - (c) Any major organ transplant.
 - (d) Myocardial infarction (heart attack), coronary thrombosis (clog), coronary disease requiring coronary artery by-pass surgery, or any related heart diseases.
 - (e) Stroke, infarction of brain tissue, hemorrhage and embolization from an extracranial source, or any related cerebrovascular or neurological diseases.

EXCEPTIONS TO THE ABOVE: (if left blank, this will be taken to mean as "NONE") _____

B. BENEFICIARY INFORMATION

I understand that the bank is the irrevocable beneficiary of the life insurance benefit up to the extent of the amount of my loan with CitySavings at the time of death. Any amount of benefit in excess of my loan will be received by the following individuals I am designating as my beneficiaries in the following order of priority:

(PLEASE INDICATE AT LEAST TWO (2) BENEFICIARIES):

| NAME OF BENEFICIARIES (Surname, First Name, Middle Initial) | Tax Identification Number | Sex | Relationship to the Insured | Birth date (mm/dd/yy) |
|--|---------------------------|-----|-----------------------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I understand that in the absence of a designated beneficiary or if there is no surviving designated beneficiary at the time benefits will be paid out, Insular Life/ United Coconut Planters Life Assurance Corporation, the insurer, will pay to the following classes of beneficiaries, in this order of priority: widow or widower, surviving legitimate, legitimated, legally adopted and recognized natural children; surviving illegitimate children without distinction; surviving parents; surviving brothers and sisters of the full blood; or executors, and administrators or assigns.

PRIVATE INFORMATION PROVISIONS FOR LOAN APPLICATION

The Borrower expressly gives his/her consent to the processing and disclosure of Personal Information and/or Sensitive Personal Information (collectively referred to as "Personal Information") collected and held by CitySavings, Aboitiz Equity Ventures, Union Bank of the Philippines ("Union Bank"), and all subsidiaries and affiliates collectively as Aboitiz Group of Companies as well as The Insular Life Assurance Co., Ltd./United Coconut Planters Life Assurance Corporation in connection with his/her application for and availment of a pension loan with CitySavings and insurance coverage with The Insular Life Assurance Co., Ltd./United Coconut Planters Life Assurance Corporation. Processing shall be understood to include, but shall not be limited to, the collection, recording, organization, storage, updating or modification, retrieval, use, consolidation, blocking, erasure or destruction of data. Personal information refers to any information, from which the identity of an individual is apparent or can be reasonably and directly ascertained, or when put together with other information would directly and certainly identify an individual. Sensitive personal information refers to personal information: (1) About an individual's race, ethnic origin, marital status, age, color, and religious, philosophical or political affiliations; (2) About an individual's health, education, genetic or sexual life of a person, or to any proceeding for any offense committed or alleged to have been committed by such person, the disposal of such proceedings, or the sentence of any court in such proceedings; (3) Issued by government agencies peculiar to an individual which includes, but not limited to, social security numbers, previous or current health records, licenses or its denials, suspension or revocation, and tax returns; and (4) Specifically established by an executive order or an act of Congress to be kept classified.

The Borrower expressly authorizes the disclosure of processed Personal Information to the following:

- (a) to a credit reference agency where it may be accessed by other financial institutions to assist assessment of any application for credit made to CitySavings and for debt tracing and fraud prevention;
- (b) to its parent company or any of its affiliate or subsidiary;
- (c) to any consultant, adviser, auditor, counsel, agent, contractor or sub-contractor of CitySavings performing services for the purpose of assisting or rendering services to CitySavings in the administration or promotion of its lending business;
- (d) to any person to whom CitySavings proposes to assign or transfer any of its rights and/or duties to the loan;
- (e) to any guarantor or person providing security in relation to the Borrower's obligation; and
- (f) to any person or entity required or permitted by law, regulation, court or any regulatory authority.
- (g) to The Insular Life Assurance Co./United Coconut Planters Life Assurance Corporation, Ltd. and its subsidiaries, affiliates, agents and any medical information sharing facility of the insurance industry for any legitimate purpose, including but not limited to underwriting and administration of insurance coverage and claims and provision of any products, service or offers.

Furthermore by signing this form, the Borrower understands and expressly waives his/her right under confidentiality laws including but not limited to R.A. 1405 or The Law on Secrecy of Bank Deposits, R.A. 6426 or The Foreign Currency Deposit Act, and R.A. 8791 other existing laws, rules and regulations and/or their respective implementing rules in relation to his/her account/s with UnionBank of the Philippines which may be disclosed to City Savings Bank, Inc., that are necessary to effect the application, processing, approval, crediting, debiting, collection, renewal, termination or reavallment of his/her loan with CitySavings. Bank, Inc. The Borrower also expressly agrees and allows the processing, storage, access to or sharing of any information regarding his/her account/s with UnionBank of the Philippines and The Insular Life Assurance Co., Ltd./United Coconut Planters Life Assurance Corporation for future bank and insurance products, services or channels which the Borrower may avail, enroll to or activate with UnionBank of the Philippines or City Savings Bank, Inc., and The Insular Life Assurance Co., Ltd/United Coconut Planters Life Assurance Corporation .

WARRANTIES AND REPRESENTATIONS

The Borrower hereby warrants that the information that he/she has provided herein is true, accurate and correct and undertakes to timely update, correct or amend any errors or changes in the information so provided.

The Borrower further warrants that he/she will not transfer or change his/her arrangements with regards GSIS/SSS Pension remittances through UNIONBANK/CITYSAVINGS Account until the Loan Principal, interest and charges of the CITYSAVINGS PENSIONADO LOAN is paid.

REMEDIES TO BREACH – A violation in any of the above warranties or misrepresentation is considered a breach of the terms of the loan that may have been granted based on the above assertions. The bank can render the entire amount of the indebtedness due and demandable.

AUTHORITY TO DEDUCT

If my application is granted I hereby authorize my bank to deduct from any account under my name or for my benefit the monthly amortization as may be stated in the disclosure statement for such number of months until the principal, interest and other charges are fully satisfied. This authorization shall be irrevocable until full payment of my loan obligation.

ACKNOWLEDGMENT

By affixing my signature below, I hereby declare that: (a) I have read and understood the foregoing Health Declaration, Private Information Provisions, Warranties and Representations, Remedies to Breach, and Authority to Deduct; (b) The foregoing statement and answers are full, complete, and true; (c) I agree that they shall be the basis of the issuance of any insurance for me and the Insurer shall not be liable for any claim on account of illness, injury, or death, the cause of which was known prior to approval of my request for insurance and withheld or concealed in the above statements; and (d) I hereby acknowledge that my premiums shall be deducted in **FULL** from my loan proceeds.

Signature of borrower: _____

Signed at _____ this _____ day of _____ 20_____

I certify that the applicant personally appeared before me, completed this application and that the applicant appeared to be in good health and free from any physical impairments.

SIGNATURE OVER PRINTED NAME
OF SALES REPRESENTATIVE

DATE

CO-MAKER'S STATEMENT: AUTHORITY FOR ACCOUNT/SALARY DEDUCTION

TO WHOM IT MAY CONCERN

We, the co-makers of _____, hereby voluntarily and willingly, bind ourselves to pay jointly and severally all his/her unpaid obligations to City Savings Bank according to the terms of the Continuing Suretyship below in case he/she fails to pay his/her obligations for any reason whatsoever, including the non-implementation or stoppage of his/her Pension deductions. In case this happens we hereby authorize you to deduct from our deposit accounts or salaries the amount of P_____ every month until the amount is paid in full.

Name in Print: _____ Employee No./ID No.: _____

Res. Address: _____ Age: Date of Birth (mm/dd/yy): /

_____ Tel. No.: _____ Cell No.: _____

Relationship to Borrower: _____

Signature over Printed Name of the **CO-MAKER**

CONTINUING SURETYSHIP

CITY SAVINGS BANK, INC.
 City Savings Bank Financial Plaza
 Osmeña Boulevard corner P. Burgos St.
 Cebu City

Gentlemen:

For and in consideration of any indebtedness to you of _____ (the "Borrower") in the aggregate principal amount of _____ (Php _____) (hereinafter the "Loan"), under the terms and conditions of the Promissory Note(s) and other related documents duly executed by the Borrower in your favor (hereinafter the "Loan Documents"), or any amendment or renewal thereof, the undersigned as primary obligors and not as mere guarantors, hereby warrant to you, your successors and assigns, the due and punctual payment of any and all amount (including interest, penalties and other charges and expenses) due on the Loan.

This Suretyship extends to any renewal, restructuring, refinancing, amendment or extension of the aforementioned Borrower's indebtedness.

In case of default by the Borrower to pay the whole or part of the Loan herein secured at maturity the undersigned agree and engage to you, your successors and assigns, the prompt payment, upon prior written notice from you, of the obligations due and unpaid, including all interests, penalties and other charges and expenses that have accrued or were incurred by you, your successors and assigns, in relation to the Loan.

The undersigned further warrant the due and faithful performance by the Borrower of all its obligations under the Loan Documents and any supplement, amendment, change, or modification thereto.

The obligations of the undersigned hereunder are in addition to and not in substitution for any other security for the Borrower's obligations as provided under the Loan Documents and other related documents, and may be enforced without you first having to take recourse against any such security and without need of making any demand on or taking any step or proceeding against the undersigned. For this purpose, the undersigned hereby unconditionally and irrevocably waives the benefit of excussion as provided for under Article 2058 of the Civil Code of the Philippines.

Notice of acceptance of this Suretyship, and also of presentment, demand, protest and notice of dishonor of any and all such instruments, loans, advances, credits, or other indebtedness or obligations herein before referred to are hereby expressly waived.

The liability of the undersigned is direct and immediate and not contingent upon the pursuit by you, your successors or assigns, of whatever remedies you or your successors and assigns may have against the Borrower or the securities of liens you, your successors and assigns may possess, and the undersigned hereby agrees to remain and be bound upon this Suretyship, irrespective of the existence, value or condition of any collateral, and notwithstanding also that all obligations of the Borrower to you outstanding and unpaid at any time may exceed the aggregate principal sum herein above stated.

The undersigned agree that it shall not exercise any right of subrogation which it may acquire due to any payment or payments made hereunder until all sums payable under the Loan Documents and other related documents shall have been paid in full.

The undersigned acknowledge that except by written agreement of the parties, no amendment, modification, or waiver of, or supplement to, any provision of the Loan Documents shall operate to terminate or render ineffective this Suretyship.

The undersigned further agree that they shall have no right to assign this Suretyship including the Loan or any of their rights or obligations hereunder without your prior written consent, and any such purported assignment shall be null and void and of no effect whatsoever.

In the event of judicial proceedings, the undersigned hereby expressly agree to pay you, your successors or assigns for and as attorney's fees a sum equivalent to twenty five percent (25%) of the total amount claimed, which in any case shall not be less than Ten Thousand Pesos (P10,000.00), exclusive of all cost of expenses for collection allowed by law.

If any provision, term or condition of this Suretyship is held to be invalid or unenforceable, the same shall not adversely affect or impair the validity and enforceability of the other provisions, terms and conditions hereof which shall continue to be in full force and effect.

Effective this _____ day of _____.

CONFORME:

 Signature over Printed Name of the **CO-MAKER**

 Signature over Printed Name of the **BORROWER**

SIGNED IN THE PRESENCE OF

 Signature over Printed Name

 Signature over Printed Name

DO NOT WRITE BELOW THIS SPACE - FOR CITYSAVINGS USE ONLY

**NET PENSION VALIDATION:
 (3 months latest original SOA)**

1. Month: _____ (Php) _____
2. Month: _____ (Php) _____
3. Month: _____ (Php) _____

LOAN INFO:

Branch Name: _____
 Branch Sol ID: _____
 Scheme Code: _____
 Group Code: _____

REDEMPTION:

PLI Name: _____ (Php) _____
 PLI Name: _____ (Php) _____

SERVICING:

Branch Name: _____ Scheme Code: _____

Signature Verified by: _____ Application Received by: _____

Date Received _____

Remarks: _____

LOAN COMMITTEE:

AMOUNT APPROVED: _____
 _____ (P _____) only
 TERM (in months) _____

We recommend a loan of P _____
 be granted for a period of _____ / months

Recommended by: _____

| Name | Date |
|-------|-------|
| _____ | _____ |
| _____ | _____ |