



PUBLIC SAFETY MUTUAL BENEFIT FUND, INC.

AGREEMENT TO EXTEND MEMBERSHIP TO AGE 65

I, _____, a member of PSMBFI agree to the following:
(name of member)

1. That, I will continue membership until age 65.
2. That, I allow PSMBFI to directly deduct/charge arrears against my equity value if PSMBFI has not received any payments from me for the continuation of my insurance coverage.
3. That, I have advised PSMBFI to maintain or upgrade/downgrade my premium payment. (Please fill up new billing information and be apprised of new death benefit coverage).
4. For MEP Members:
 - a. That, I will ensure continuous payment of my premiums until age 65.
 - b. That in case of continuous non-payment, I understand my membership may terminate and any contractual obligation and privileges as a member will cease.
5. That the information I provided is regularly updated for PSMBFI to inform me about any privileges, new service and status update of my membership.
6. That, I have updated my beneficiaries.
7. That, I agree to a contestability period of one (1) year in case of death, except for accidental death. (This does not apply to members who are employed with partner agency and will be compulsorily retired)
8. That, I have read the above provisions and understood this agreement.

Name of Member	Mobile Number	Address
Mode of Payment (for MEP only): <input type="checkbox"/> Annual <input type="checkbox"/> Semi- Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	Current premium: _____ <input type="checkbox"/> Upgrade <input type="checkbox"/> Status quo <input type="checkbox"/> Downgrade <input type="checkbox"/> ₱ 100 <input type="checkbox"/> ₱ 200 <input type="checkbox"/> ₱ 300 <input type="checkbox"/> ₱ 400 <input type="checkbox"/> ₱ 500 <input type="checkbox"/> ₱ 600 <input type="checkbox"/> ₱ 700 <input type="checkbox"/> ₱ 800 <input type="checkbox"/> ₱ 900 <input type="checkbox"/> ₱ 1,000	
Signature:	Date Signed	PSMBFI Representative: _____ Name _____ Signature



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