



MERALCO EMPLOYEES SAVINGS & LOAN ASSOCIATION, INC.

Operations Building, Meralco Center, Ortigas Avenue, Pasig City
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ENROLLMENT/UPDATE FORM

Death Benefit Program

Surname	:	_____	Account No.	:	_____
Given Name	:	_____	Employer	:	_____
Middle Name	:	_____	Employee No.	:	_____
Date of Birth	:	_____	Mobile No.	:	_____
E-mail Address	:	_____	Landline No.	:	_____

I hereby express my intent to enroll in the **Death Benefit Program**. Further, I authorize MESALA to deduct P 100.00 from my savings deposit every end of the month as payment for insurance premium.

I understand that my application in the Program shall take effect from the date of approval of my enrollment.

DESIGNATION OF BENEFICIARIES

Only the following individuals shall be accepted as claimants/beneficiaries:

1. Legal Spouse
2. Legitimate Children
3. Parents
4. Siblings

Name of Beneficiaries	Relationship

If the any of the beneficiary listed above passes before me, the interest of such beneficiary shall, unless otherwise provided above, accrue to the surviving beneficiaries, or, if none, to be paid in accordance with the contractual provision. I reserve the right to change any beneficiary listed above.

Signature Over Printed Name

Date Signed

Encoded By

Date Signed