

| BANK INFORMATION | | |
|--|--|--|
| Are you currently a Security Bank Depositor? <input type="checkbox"/> Yes <input type="checkbox"/> No | Account No.: | Branch: |
| LOAN DETAILS | | |
| Amount applied for: | Term: | Fixing Period: |
| Loan Purpose: <input type="checkbox"/> Acquisition <input type="checkbox"/> Home Equity <input type="checkbox"/> Construction <input type="checkbox"/> Refinancing / Take out from _____ <input type="checkbox"/> Construction with Acquisition <input type="checkbox"/> Reimbursement <input type="checkbox"/> Construction with Refinancing <input type="checkbox"/> Renovation | | |
| If Acquisition, is the property currently mortgaged? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which bank / institution? _____ | | |
| What is the property for?: <input type="checkbox"/> First Home <input type="checkbox"/> Investment <input type="checkbox"/> Second Home | | |
| LOAN PAYMENT OPTIONS: | | |
| <input type="checkbox"/> Regular Amortization <input type="checkbox"/> Fantastic Elastic | | |
| COLLATERAL DETAILS | | |
| PROPERTY ADDRESS: (Lot No./Block No./Street No./Subdivision/Barangay/City/Town/Province/Zip Code:) | | |
| Collateral Type: <input type="checkbox"/> House and Lot <input type="checkbox"/> Condominium <input type="checkbox"/> Townhouse <input type="checkbox"/> Vacant lot | | |
| Present Registered Owner: | TCT/CCT No.: | |
| Contact Person: | Contact No.: | |
| PERSONAL INFORMATION | | |
| Borrower's Name: (Last, First, Middle) | Date of Birth: (mm/dd/yyyy) | |
| Citizenship | Place of Birth | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | TIN: [][][][] - [][][][] - [][][][] | |
| Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed | No. of Dependents <input type="checkbox"/> Children _____ <input type="checkbox"/> Others _____ | |
| Educational Attainment: <input type="checkbox"/> High School <input type="checkbox"/> Vocational <input type="checkbox"/> College <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others: _____ | | |
| Home Address (Lot No./Block No./Street No./Subdivision/Barangay/City/Town/Province/Zip Code:) | | |
| Residential Status: <input type="checkbox"/> Owned (not mortgaged) <input type="checkbox"/> Owned (mortgaged) Name of Bank: _____ <input type="checkbox"/> Rented Monthly Rent: _____ <input type="checkbox"/> Living with parents/relatives | | |
| Permanent Address (Lot No./Block No./Street No./Subdivision/Barangay/City/Town/Province/Zip Code:) | | |
| Email Address | Home Tel. No.: | Mobile No.: |
| DEPENDENT'S INFORMATION | | |
| Name | Age | Relation |
| | | |
| | | |
| | | |
| Email Address | | |
| SPOUSE / CO-BORROWER'S INFORMATION | | |
| Spouse's Maiden/Co-borrower's Name: (Last, First, Middle) | | Date of Birth: (mm/dd/yyyy) |
| Citizenship | TIN: [][][][] - [][][][] - [][][][] | |
| Educational Attainment: <input type="checkbox"/> High School <input type="checkbox"/> Vocational <input type="checkbox"/> College <input type="checkbox"/> Post Graduate <input type="checkbox"/> 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 | | |

| | Borrower | Spouse/Co-Borrower |
|---|--------------------|--------------------|
| Gross Annual Income | P | P |
| Other Annual Income (state amount and source) | | |
| Previous Employer | | |
| Years of Employment in Previous Employer | | |
| Preferred Mailing Address: | | |
| <input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent / Previous Home Address <input type="checkbox"/> Employer / Business Address | | |
| CREDIT CARD INFORMATION | | |
| Credit Card Issuer | Credit Card Number | Credit Limit |
| | | |
| | | |

| LOAN INFORMATION | | | |
|------------------|-----------|---------------------|----------------------|
| Bank | Loan Type | Outstanding Balance | Monthly Amortization |
| | | | |
| | | | |

| BANK AND OTHER ASSETS INFORMATION | | | |
|-----------------------------------|-------------|-----------------|---------|
| BANK DEPOSITS | | | |
| Account Type | Account No. | Bank and Branch | Balance |
| | | | |
| | | | |

| AUTOMOBILES | | | |
|-------------|------|-----------------------------|--|
| Model | Year | Encumbered | |
| | | <input type="checkbox"/> No | <input type="checkbox"/> Yes: Monthly Amortization _____ Remaining Term _____ |
| | | <input type="checkbox"/> No | <input type="checkbox"/> Yes: Monthly Amortization _____ Remaining Term _____ |

| REAL ESTATE PROPERTY | | | |
|----------------------|--------------|-----------------------------|--|
| Location/Address | Market Value | Encumbered | |
| | | <input type="checkbox"/> No | <input type="checkbox"/> Yes: Monthly Amortization _____ Remaining Term _____ |
| | | <input type="checkbox"/> No | <input type="checkbox"/> Yes: Monthly Amortization _____ Remaining Term _____ |

| TRADE REFERENCES INFORMATION (ONLY FILL OUT IF SELF-EMPLOYED) | | |
|---|----------------|----------------|
| Major Customer or Supplier | Contact Person | Contact Number |
| | | |
| | | |

| PERSONAL REFERENCE (not living with the Borrower) | | |
|---|----------------|----------------|
| Name | Contact Person | Contact Number |
| | | |
| | | |

| ATTORNEY-IN-FACT/LOAN ADMINISTRATOR | | |
|-------------------------------------|---------------------------|----------------|
| Name: | Birthdate: | Telephone No.: |
| | | |
| Address: | Relationship to Borrower: | |
| | | |

| AUTHORIZATION AND UNDERTAKING | |
|--|--|
| 1. AUTHORITY TO INSPECT AND VERIFY. That I/we _____ undersigned, is/are the owner(s) of the following property(ies): | |
| Title/Property Description | |
| Collateral Type | |
| Address | |

That I/we hereby authorize the appraisers of Security Bank or its accredited external appraisal companies to do the following activities in connection with the above-stated property(ies):

- Conduct site inspection, actual area measurements and picture-taking for purposes of appraisal.
- Conduct verification and/or requests for certified true copy(ies) of documents related to the above properties from the appropriate government agencies.
- Conduct verification on payment of realty taxes, association dues (as applicable), etc.

| 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 employer/s, 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?: | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO if YES, kindly accomplish the fields below, otherwise kindly indicate N/A | | | |
| Broker's Name: | Broker's Contact No.: | Borrower's Signature / Conformity: | |
| | | | |
| FOR BANK'S USE ONLY: REFERRAL INFORMATION | | | |
| Employee Name and Employee Number: | | | |
| Sales ID.: | | Branch / Unit: | |
| | | | |

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

FWD INSURANCE Mortgage Redemption Insurance Application Form

Get fully protected with FWD's Mortgage Redemption Insurance. Mortgage Redemption Insurance will repay your outstanding Mortgage 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 Mortgage Application Form and this Application Form. |

| HEALTH STATEMENT | TICK AS APPROPRIATE |
|---|--|
| 1. 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. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If you have answered "No", please write the condition(s) that you have experienced: _____ | |
| 2. 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. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. 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. | <input type="checkbox"/> YES <input type="checkbox"/> 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 Mortgage 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 Home Loan Insurance, I understand and confirm that: | |
| 1. 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. | |
| 2. 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. | |
| 3. I may be contacted by FWD in relation to this application and to administer my insurance, if approved. | |
| 4. 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. | |
| 5. To ensure continuous insurance protection, I authorize Security Bank to automatically debit my account to cover for the Mortgage Redemption premium if and when due. | |
| 6. 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 is focused on creating fresh customer experiences, with easy-to-understand products, supported by leading digital technologies. Through this customer-led approach, FWD will achieve its vision to become the leading pan-Asian insurer that changes the way people feel about insurance. For more information, please visit WWW.FWD.COM.PH