



Application No.

**AUTHORIZATION FOR PREMIUM DEDUCTION (APD)/WAIVER OF PARTICIPATION**

COMPANY	DATE:
PROPOSED INSURED	AMOUNT OF DEDUCTION PER PAYDAY
DEDUCTION MODE <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	TOTAL DEDUCTIONS
START OF DEDUCTION	New VPD    P
	Existing VPD    P
	TOTAL VPD    P

**TO THE PAYROLL OFFICER**

I hereby request and authorize you to deduct regularly from my monthly salary the amount indicated above, in payment of the premium due on the life insurance that I have contracted with **PNB Life Insurance, Inc.**

Please be informed that:

- This is my first authorization for voluntary payroll deduction in favor of PNB Life Insurance, Inc.
- This is in addition to my previous authorized voluntary payroll deduction/s in favor of PNB Life Insurance, Inc.

I understand that this authorization shall be effective until the earliest of the following:

- a) Termination of premium payments as provided for in the policy;
- b) Termination of my employment with my employer; or
- c) Surrender of my policy upon my specific request.

Printed Name and Signature of Employee	Date Signed
Employee no.	Relationship to the Proposed Insured

**WAIVER OF PARTICIPATION**

I certify that the features and benefits of PNB Life's insurance products have been explained to me completely. I understand that these programs are offered through my employer by payroll deduction.

- I am NOT currently a PNB Life policyholder and have decided to waive my opportunity to participate at this time.
- I am currently a PNB Life policyholder and have decided not to upgrade my coverage at this time.

Printed Name and Signature of Employee	Date Signed
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**INFORMATION ON AGENT**

Agent's Name and Signature	Agent Code
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