

**AIM-MPC TWILIGHT PROGRAM**

**(For Regular Members with Share Capital of PhP5,000 and above)**

 **Control No. \_\_\_\_\_\_\_\_\_\_\_\_**

**GENERAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Last Name:** | **First Name:** | **Middle Name:** |
| **Date of Birth:** | **Place of Birth:** | **Age:** | **Gender:** |
| **Home Address:** | **Mobile Nos.:** | **Telephone Nos.:** | **Civil Status:** |
| **SECONDARY MEMBER:** | **Last Name:** | **First Name:** | **Middle Name:** |
| **Date of Birth:** | **Age:** | **Gender:** | **Relationship:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **BENEFICIARIES** | **Date of Birth** | **Age** | **Relationship** |
| **Principal** |  |  |  |
| **Contingent** |  |  |  |

**Mode of payment:** Direct Deposit Savings Dated check payable to AIM-MPC

I hereby certify that all the foregoing answers and statements are true and correct. I agree that upon signing this document, this shall be the basis of the issuance of Certificate of Twilight Program for regular members, subject to all provisions stipulated in the Twilight Program and that benefits for casualty will be collected from regular member’s savings deposit.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature over printed name Date (mm/dd/yyyy)

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