

- 1 Personal Details 2 Beneficiary & Insurance 3 Contract Provision 4 Product Details & Attachments 5 Confirmation

Personal Data

Your Last Name	Your First Name	Your Middle Name	Suffix	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Age	Birthdate	Birth Place	Gender	Civil Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="-Gender-"/>	<input type="text" value="-Civil Status-"/>
Nationality	ACR# (For Foreigners)	Tin Number	GSIS/SSS Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Spouse Last Name	Spouse First Name	Spouse Middle Name	Spouse Suffix	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Contact Details

Address (Unit House Number, Street, Subdivision, Barangay)	City/Municipality	Region	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Account	Mobile Number 1	Mobile Number 2	Home Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employment/Business Details

Source of Income	Please specify nature if source of income is either business or others.		
<input type="text" value="-Select Source of Income-"/>	<input type="text"/>		
Name of Company	Nature of Business	Position/Title	Years in service
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Address	Telephone/Fax Number		
<input type="text"/>	<input type="text"/>		

By clicking this box, I certify that the information submitted in this application is true and correct to the best of my knowledge. I further agree to the terms and conditions and privacy policy of Caritas Financial Plans, Inc.

Submit

Our Products

- Fund Provider Elite
- Fund Provider Mabuhay

Get In Touch

3/F Katipunan Building 95 E. Rodriguez
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Phone: 8635-7181 | 8635-7177 |
8365-7176
Fax: 8635-7181 | 8635-7177
Hours: Mon - Fri : 8:30 am - 5:30 pm
Email: Info@cfpi.com.ph

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Senior Officers & Management Team
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Caritas Group of Companies

Caritas Financial Plans, Inc.
Caritas Health Shield, Inc.
Caritas Life Insurance Corp.

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- Contract Provision
- 4
- Product Details & Attachments
- 5
- Confirmation

Pension Beneficiary

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	Middle Name <input style="width: 95%;" type="text"/>	Suffix <input style="width: 95%;" type="text"/>
Age <input style="width: 95%;" type="text"/>	Birth Date <input style="width: 95%;" type="text" value="mm/dd/yyyy"/>	Relation to the Planholder <input style="width: 95%;" type="text"/>	Gender <input style="width: 95%;" type="text"/>
Birth Place <input style="width: 95%;" type="text"/>		Citizenship <input style="width: 95%;" type="text"/>	
Contact Number <input style="width: 95%;" type="text"/>	Email Address <input style="width: 95%;" type="text"/>	Address <input style="width: 95%;" type="text"/>	

Declaration & Representations

(For applicants 18 - 60 years of age, and in good health)

- Yes No
- I am not less than 18 years old or more than 60 years and 6 months of age at my nearest birthday
 - I have not been confined in any hospital, sanitarium or infirmary, nor received medical or surgical treatment in the last 12 months.
 - I have not been treated for heart condition, high blood pressure, cancer, diabetes, lung, kidney or stomach disorder or any other physical or mental impairment in the last five (5) years.
 - I am in good physical and mental condition.

If the statements above reveal otherwise, please give details below. Write "N.A." if not applicable.

Date of Latest Confinement/Check-up <input style="width: 95%;" type="text" value="mm/dd/yy"/>	Name of Hospital/Clinic <input style="width: 95%;" type="text"/>
Name of Attending Physician <input style="width: 95%;" type="text"/>	Findings <input style="width: 95%;" type="text"/>

Insurance Beneficiary

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	Middle Name <input style="width: 95%;" type="text"/>	Suffix <input style="width: 95%;" type="text"/>
Age <input style="width: 95%;" type="text"/>	Birth Date <input style="width: 95%;" type="text" value="mm/dd/yyyy"/>	Relation to the Planholder <input style="width: 95%;" type="text"/>	Gender <input style="width: 95%;" type="text"/>
Birth Place <input style="width: 95%;" type="text"/>		Citizenship <input style="width: 95%;" type="text"/>	
Contact Number <input style="width: 95%;" type="text"/>	Email Address <input style="width: 95%;" type="text"/>	Address <input style="width: 95%;" type="text"/>	

Trustee

(If any of the beneficiary is under 18 years of age)

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	Middle Name <input style="width: 95%;" type="text"/>	Suffix <input style="width: 95%;" type="text"/>
Age <input style="width: 95%;" type="text"/>	Birth Date <input style="width: 95%;" type="text" value="mm/dd/yyyy"/>	Relation to the Planholder <input style="width: 95%;" type="text"/>	Gender <input style="width: 95%;" type="text"/>
Birth Place <input style="width: 95%;" type="text"/>		Citizenship <input style="width: 95%;" type="text"/>	
Contact Number <input style="width: 95%;" type="text"/>	Email Address <input style="width: 95%;" type="text"/>	Address <input style="width: 95%;" type="text"/>	

By clicking the box, I understand and agree that the insurance coverage under the Pension Plan applied hereof is based on the truth of the foregoing declarations and representations and is subject to the provisions of the Group Insurance Master Policy issued by the insuring company to CARITAS FINANCIAL PLANS, INC. I likewise understand and agree that, upon the Company's verification of the above declarations and representations, SHOULD I BE FOUND NOT QUALIFIED FOR INSURANCE COVERAGE FOR FAILURE TO MEET AGE, HEALTH, AND OTHER UNDERWRITING REQUIREMENTS, THE PENSION PLAN APPLIED HEREOF SHALL BE ISSUED ON A NO INSURANCE BENEFIT (NIB) BASIS. Should the amount of each insurance benefit under the Pension Plan applied hereof and under any other Caritas Financial Plan's pre-need agreement issued in my name exceed the prescribed maximum non-medical insurance amount of P2,000,000.00, I shall be willing to undergo any medical examination as shall be required by the insurance company as basis of my coverage. Otherwise, I understand and agree that all of my subscriptions in excess of said amount shall be without insurance coverage.

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Caritas Financial Plans, Inc.
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Caritas Life Insurance Corp.

- 1 Personal Details
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 5 Confirmation

Product Details

Fund Provider Plan	Variant	Program	Number of Units	Total Contract Price
<input type="text"/>	<input type="text"/>	5 Yrs to Pay / 15 Yrs to Mature	<input type="text"/>	<input type="text"/>
Mode of Payment	Monthly Inst.	Quarterly Inst.	Semi-Annual Inst.	Annual Inst.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Spot Cash Payment
				<input type="text"/>

With 10% Discount

Computation

First Payment	Installment Amount	No. of Installments	Yearly Cash Benefit	Years of YCB	Pension Maturity Benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

With Policy Fee

Details of Your Financial Counselor

Licensed Code	Licensed Status	Branch	Position
<input type="text" value="0123456"/>	<input type="text" value="Automatic"/>	<input type="text" value="Automatic"/>	<input type="text" value="Automatic"/>
First Name	Middle Name	Last Name	
<input type="text" value="Automatic upon entry of code"/>	<input type="text" value="Automatic upon entry of code"/>	<input type="text" value="Automatic upon entry of code"/>	

Attachments

SCANNED COPY OF TWO (2) VALID IDs

Government Issued IDs with Three (3) Specimen Signature

Choose File
No File Chosen

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By clicking this box, I agree to the terms and conditions of Caritas Financial Plans, Inc.

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- 1 Personal Details 2 Beneficiary & Insurance 3 Contract Provision 4 Product Details & Attachments 5 **Confirmation**

Congratulations!

Your Pension Plan Application has been created and submitted successfully!

Your Pension Plan Application Number

PPA-2020-000001

RICHARD R. RAYMUNDO

Check & Update

Payment Options

Cancel Application

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CFPI APPLICATION

PPA-2020-000001

UPDATED AS OF : OCTOBER 29, 2020

Application Status : **FOR REVIEW**

Payment Status : **UNPAID**

Policy Status : **N/A**

Application Status Date: **29-OCT-2020**

Payment Reference Number: **N/A**

Policy Status Date: **N/A**

Personal Data

Your Last Name	Your First Name	Your Middle Name	Suffix
RAYMUNDO	RICHARD	ANONYMOUS	
Age	Birthdate	Birth Place	Gender
20	01/01/2000	LUZON	MALE
Civil Status	Nationality	ACR# (For Foreigners)	Tin Number
SINGLE	FILIPINO	N.A	123
GSIS/SSS Number	Spouse Last Name	Spouse First Name	Spouse Middle Name
123	N.A	N.A	N.A
Spouse Suffix			
N.A			

Contact Details

Address (Unit House Number, Street, Subdivision, Barangay)	City/Municipality	Region	Zip Code
95 KATIPUNAN BLDG, E. RODRIGUEZ SR. BRGY. TATALON	QUEZON CITY	NCR	1121
Email Account	Mobile Number 1	Mobile Number 2	Home Telephone Number
EMAIL@GMAIL.COM	09090909090	09060606060	8635-0000

Employment/Business Details

Source of Income	Please specify nature if source of income is either business or others.		
EMPLOYMENT			
Name of Company	Nature of Business	Position/Title	Years in service
CFPI	PRE-NEED	MARKETING OFFICER	1
Company Address	Telephone/Fax Number		
95 KATIPUNAN BLDG, E. RODRIGUEZ SR. BRGY. TATALON	8635-0000		

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CFPI APPLICATION

PPA-2020-000001

UPDATED AS OF : OCTOBER 29, 2020		
Application Status : FOR REVIEW	Payment Status : UNPAID	Policy Status : N/A
Application Status Date: 29-OCT-2020	Payment Reference Number: N/A	Policy Status Date: N/A

Pension Beneficiary

Last Name	First Name	Middle Name	Suffix		
RAYMUNDO	RICHARD	ANONYMOUS			
Age	Birth Date	Relation to the Planholder	Gender	Birth Place	Citizenship
20	01/01/2000	FRIEND	MALE	BATANES	FILIPINO
Contact Number	Email Address	Address			
09090909090	EMAIL@YAHOO.COM	95 KATIPUNAN BLDG., E. RODRIGUEZ SR. BLVD., QUEZON CITY			

Declaration & Representations

(For applicants 18 - 60 years of age, and in good health)

- Yes No
- I am not less than 18 years old or more than 60 years and 6 months of age at my nearest birthday
- I have not been confined in any hospital, sanitarium or infirmary, nor received medical or surgical treatment in the last 12 months.
- I have not been treated for heart condition, high blood pressure, cancer, diabetes, lung, kidney or stomach disorder or any other physical or mental impairment in the last five (5) years.
- I am in good physical and mental condition.

If the statements above reveal otherwise, please give details below. Write "N.A." if not applicable.

Date of Latest Confinement/Check-up	Name of Hospital/Clinic
N.A	N.A
Name of Attending Physician	Findings
N.A	N.A

Insurance Beneficiary

Last Name	First Name	Middle Name	Suffix		
DELA CRUZ	JUAN	MANUEL	JR.		
Age	Birth Date	Relation to the Planholder	Gender	Birth Place	Citizenship
20	01/01/2000	FRIEND	MALE	MARIKINA	FILIPINO
Contact Number	Email Address	Address			
09090909090	EMAIL@GMAIL.COM	95 KATIPUNAN BLDG., E. RODRIGUEZ SR. BLVD., QUEZON CITY			

Trustee

(If any of the beneficiary is under 18 years of age)

Last Name	First Name	Middle Name	Suffix		
N.A	N.A	N.A	N.A		
Age	Birth Date	Relation to the Planholder	Gender	Birth Place	Citizenship
N.A	N.A	N.A	N.A	N.A	N.A
Contact Number	Email Address	Address			
N.A	N.A	N.A			

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CFPI APPLICATION

PPA-2020-000001

UPDATED AS OF : OCTOBER 29, 2020		
Application Status : FOR REVIEW	Payment Status : UNPAID	Policy Status : N/A
Application Status Date: 29-OCT-2020	Payment Reference Number: N/A	Policy Status Date: N/A

Product Details

Fund Provider Plan FP ELITE	Variant PLAN A	Program 5 YRS TO PAY / 15 YRS TO MA	Number of Units 20	Total Contract Price 364,000.00
Mode of Payment Annual	Monthly Inst. 6,674.00	Quarterly Inst. 19,656.00	Semi-Annual Inst. 38,584.00	Annual Inst. 72,800.00
				Spot Cash Payment 327,750.00 <small>With 10% Discount</small>

Computation

First Payment 72,950.00 <small>With Policy Fee</small>	Installment Amount 72,800.00	No. of Installments 5	Yearly Cash Benefit 20,000.00 <small><!--Longevity Benefit Amount if Mabuhay instead of Yearly Cash Benefit --></small>	Years of YCB 10 <small><!--Remove Years of YCB if Mabuhay--></small>	Pension Maturity Benefit 200,000.00
--	---------------------------------	--------------------------	---	--	--

Details of Your Financial Counselor

Licensed Code 0123456	Licensed Status Automatic	Branch Automatic	Position Automatic
First Name Automatic upon entry of code	Middle Name Automatic upon entry of code	Last Name Automatic upon entry of code	

Attachments

SCANNED COPY OF TWO (2) VALID IDs

Government Issued IDs with Three (3) Specimen Signature

Choose File No File Chosen



SELFIE

Selfie

Choose File No File Chosen



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Caritas Life Insurance Corp.

Date & Time: 29-OCT-2020

CONGRATULATIONS!
RICHARD R. RAYMUNDO

Your Pension Plan Application Number

PPA-2020-000001

Has been successfully updated.

Check & Update

Payment Options

Cancel Application

Exit

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Caritas Life Insurance Corp.

Product Details

Fund Provider Plan	Fund Provider Elite
Variant	Plan A
Program	5 yrs. to pay / 15 yrs. to mature
Number of Units	20
Yearly Cash Benefit Amount	P20,000.00
Yearly Cash Benefit Term	10 Years
Yearly Cash Benefit in Total	P200,000.00
Pension Maturity Benefit	P200,000.00
Total Cash Benefits	P400,000.00

*<!--If Mabuhay
Longevity Benefit Amount
Pension Maturity Benefit
Total Cash Benefits
Insurance Benefits
Subject for approval
Contract Provision Applies
-->*

*Insurance Benefits
Subject for approval
Contract Provisions Applies*

*Credit Life, Disability Benefit
Term Life, Accidental Death Benefit
<!-- No Accidental Death Benefit if Mabuhay -->*

Payment Information

Mode of Payment

Annual ▼

Total Contract Price	P364,000.00
Installment Amount	P72,800.00
One-Time Policy Fee	P150.00
Installment Amount	P72,800.00
First Payment	P72,950.00

Amount To Pay P72,950.00

PAYMENT OPTIONS

Online Payment

Card Details



Card Number :

CVV Number :

Card Type :

Name on Card :

Expiry : ▼ ▼

Email Address :
(Optional)

Bank Deposit

Deposit Slip

Bank Name :

Transaction Number :

Attachment :

Screenshots or Scanned copy of Deposit Slip/Transaction

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Congratulations!

Your payment has been successfully submitted.

An e-receipt will be sent to your email once the transaction has been verified.
Should you have any further questions, please contact us at 8635-7176 or 8635-7177.

Your Pension Plan Application Number

PPA-2020-000001

RICHARD R. RAYMUNDO

[Check For Updates](#)[Home Page](#)[!\[\]\(735ceeed4e566aa93749bb6365185b00_img.jpg\) Download](#)[!\[\]\(67b99c4d964e257c5482ff1b2462b204_img.jpg\) Print](#)

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Email: Info@cfpi.com.ph

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Caritas Life Insurance Corp.

Date & Time: 28-03-2020

Confirmation

Are you sure to cancel this application?

Close

Proceed

Check & Update

Payment Options

Cancel Application



Our Products

- Fund Provider Site
- Fund Provider Webpage

Get in Touch

2/F Robinson Building 20 E. Rodriguez
St. West, Cebu City, Philippines
Phone: 800-1192 (toll-free 24/7)
800-1174
Fax: 800-1192 (toll-free 24/7)
Hours: Mon - Fri: 8:30 am - 5:30 pm
Email: info@cfpi.com.ph

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EXPENSES DO NOT STOP WHEN YOU RETIRE! Introducing our Fund Provider Elite. It is specially designed to further augment your income during your productive years through the YEARLY CASH BENEFIT and provide pension for you retirement years.

FUND PROVIDER ELITE PLAN VARIANTS

Plan A

10-year YCB amounting to 10% of Pension Benefit before your plan's maturity date.

Plan B

10-year YCB amounting to 20% of Pension Benefit before your plan's maturity date.

Plan C

5-year YCB amounting to 25% of Pension Benefit before your plan's maturity date.

Plan D

5-year YCB amounting to 50% of Pension Benefit before your plan's maturity date.

PROGRAMS

5/15 - 5 Years to Pay & 15 Years to Mature

5/20 - 5 Years to Pay & 20 Years to Mature

Entry age for Insurance Eligibility :
18 to 60 years old & in Good Health

[GET A PLAN NOW!](#)

[Already have an existing application? Click Here](#)

FEATURES & BENEFITS

Long Term Pension Program

Received a guaranteed pension benefit either 15 or 20 years depending on the chosen program and settlement options.

Yearly Cash Benefit (YCB)

A Yearly Cash Benefit amount equivalent to 10%, 20%, 25% or 50% from ten (10) or five (5) successive years before the plan's maturity date.

Pension Benefit

A full amount of the chosen pension benefit will be given to the planholder or to the pension beneficiary (in case death) upon reaching the plan's maturity date.

Insurance Coverage

Credit Life Insurance

Should the planholder passed away during the paying period, the unpaid balance of the Contract Price installment is waived.

Total Disability Benefits

Should the planholder become totally disabled, the unpaid balance of the Contract Price installment is waived.

Term Life Insurance

Should the planholder passed away within the term of the pension plan, the insurance beneficiary will be entitled to an amount equivalent to 100% of the Pension Benefit.

Accidental Death Benefit

Should the planholder passed away as a result of an injury sustained in an accident, the insurance beneficiary will be entitled to an additional amount equivalent to the pension benefit.

Flexible Mode of Payments

Flexible mode of payments were designed for our planholder's convenience such as: Monthly, Quarterly, Semi-Annual, Annual Installment or Spot Cash.

Reinstatement

In case failure of payments after the given period, the pension plan is considered lapsed and all benefits due will be suspended. However, two (2) years will still be given after the grace period to reinstate the plan.

Guaranteed Cash Benefit (Non Forfeiture of Contributions)

If your lapsed plan remains unreinstated after the given reinstatement period, you will still be entitled to a cash benefit upon the prescribed maturity date.

Terms and condition of FP Elite Contract Provision applies

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PRIVACY NOTICE (CFPI-PN-RMD-0001 rev.00)

Caritas Financial Plans, Inc. (CFPI) as incorporated and registered with the Securities and Exchange Commission. and is licensed to operate as a Pre-Need Company. CFPI is a 100% subsidiary of CARITAS HEALTH SHIELD, INC., the umbrella organization of the Caritas Group of Companies. Your privacy is very important to us. We want to assure you that CFPI holds all your personal information in the strictest confidence. We are committed to safeguarding your personal information pursuant to the provisions of the Data Privacy Act of 2012 (RA 10173).

CFPI as the Personal Information Controller (PIC) has mandated its Data Protection Officer (DPO) who ensures adherence to the Data Privacy Act, its implementing rules and regulations and other relevant issuance of the National Privacy Commission. Any feedback or queries regarding this privacy notice and our data privacy practices must be coordinated with the DPO. Contact details are the following:

Address: 97 E. Rodriguez Sr. Avenue, Quezon City

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Details of Your Financial Counselor

Licensed Code	Licensed Status	Branch	Position
<input type="text" value="0123456"/>	<input type="text" value="Automatic"/>	<input type="text" value="Automatic"/>	<input type="text" value="Automatic"/>
First Name	Middle Name	Last Name	
<input type="text" value="Automatic upon entry of code"/>	<input type="text" value="Automatic upon entry of code"/>	<input type="text" value="Automatic upon entry of code"/>	

Choose A Plan Variant

Elite Plan A 10-year YCB amounting to 10% of Pension Benefit before your plan's maturity date.	Elite Plan B 10-year YCB amounting to 20% of Pension Benefit before your plan's maturity date.	Elite Plan C 5-year YCB amounting to 25% of Pension Benefit before your plan's maturity date.	Elite Plan D 5-year YCB amounting to 50% of Pension Benefit before your plan's maturity date.
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Set-up Your Plan

Program	Number of Units	Total Contract Price	Mode of Payment	
<input type="text" value="5 Yrs to Pay / 15 Yrs to Mature ▼"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="▼"/>	
<small>*Units = Pension Maturity Benefit</small>				
Monthly Inst.	Quarterly Inst.	Semi-Annual Inst.	Annual Inst.	Spot Cash Payment
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<small>With 10% Discount</small>

Fund Provider Mabuhay

For a long Good Life!

ARE YOU PREPARED TO LIVE LONG? Introducing our Fund Provider Mabuhay. A disciplined savings scheme with a fixed number of contributions within a specific number of years that will ensure a predetermined amount of pension fund upon a specific future date.

FUND PROVIDER MABUHAY PLAN VARIANTS

Mabuhay Classic

Will provide you the Pension Benefit and the basic protection of the Credit Life Insurance & Total Disability Benefit.

Mabuhay Ultima

Will provide you a Longevity Benefit and the extra protection of a Term Life Insurance along with the basic benefits under the Fund Provider Classic.

Mabuhay Ultima Plus

Will likewise provide you the basic benefits featured under Fund Provider Classic, plus Term Life Insurance coverage and an increased Longevity Benefit.

PROGRAMS

- 5/15 - 5 Years to Pay & 15 Years to Mature
- 5/20 - 5 Years to Pay & 20 Years to Mature
- 5/25 - 5 Years to Pay & 25 Years to Mature
- 5/30 - 5 Years to Pay & 30 Years to Mature

Entry age for Insurance Eligibility :
18 to 60 years old & in Good Health

[GET A PLAN NOW!](#)

[Already have an existing application? Click Here](#)

FEATURES & BENEFITS

Long Term Pension Program

Received a guaranteed pension benefit either 15, 20, 25 or 30 years depending on the chosen program and settlement options.

Longevity Benefit (for Mabuhay Ultima & Ultima Plus Only)

A Longevity Benefit amount equivalent to 100% or 200% of the chosen pension benefit will be given in case the planholder outlives the plan's maturity date.

Pension Benefit

A full amount of the chosen pension benefit will be given to the planholder or to the pension beneficiary (in case death) upon reaching the plan's maturity date.

Insurance Coverage

Credit Life Insurance

Should the planholder passed away during the paying period, the unpaid balance of the Contract Price installement is waived.

Total Disability Benefits

Should the planholder become totally disabled. the unpaid balance of the Contract Price installment is waived.

Term Life Insurance

Should the planholder passed away within the term of the pension plan, the insurance beneficiary will be entitled to an amount equivalent to 100% of the Pension Benefit.

Flexible Mode of Payments

Flexible mode of payments were designed for our planholder's convenience such as: Monthly, Quarterly, Semi-Annual, Annual Installment or Spot Cash.

Reinstatement

In case failure of payments after the given period, the pension plan is considered lapsed and all benefits due will be suspended. However, two (2) years will still be given after the grace period to reinstate the plan.

Guaranteed Cash Benefit (Non Forfeiture of Contributions)

If your lapsed plan remains reinstated after the given reinstatement period, you will still be entitled to a cash benefit upon the prescribed maturity date.

Terms and condition of FP Mabuhay Contract Provision applies

Our Products

- Fund Provider Elite
- Fund Provider Mabuhay

Get In Touch

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Sr. Blvd. Quezon City, Philippines

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8365-7176

Fax: 8635-7181 | 8635-7177

Hours: Mon - Fri : 8:30 am - 5:30 pm

Email: Info@cfpi.com.ph

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*Units = Pension Maturity Benefit

With 10% Discount

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PPA Number (PPA-2020-XXXXXX)

First Name

Middle Name

Last Name

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Search

Your Pension Plan Application Number

PPA-2020-000001**RICHARD R. RAYMUNDO**[Check & Update](#)[Payment Options](#)[Cancel Application](#)[Exit](#)[!\[\]\(2e39534fa484c54b999a1fc9c8a46d5a_img.jpg\) Download](#)[!\[\]\(82ace3c1cdce20e5f8670b9f0a4207cd_img.jpg\) Print](#)**Our Products**

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