



UNITED COCONUT PLANTERS LIFE ASSURANCE CORPORATION
 COCOLIFE Building 6774 Ayala Avenue Makati City 1226
 Tel. No. 812-9015 Fax No. 812-9039 / 812-9040 • Website: www.cocolife.com



Application No. _____
 Policy No. _____

APPLICATION FOR VARIABLE LIFE TRANSACTIONS

Date	Insured's Name	First Name	Middle name	Surname	Contact No.
Policy Number	Owner's Name (if other than the Insured)	First Name	Middle name	Surname	Contact No.
Plan	Face Amount	Years to Pay	Mode of Payment		

APPLICATION FOR TOP-UP PREMIUM

Top-up Premium Amount _____

- Agreement**
- The company reserves the right to require evidence of insurability on the Life insured satisfactory to us.
 - Top-up premium is considered only if regular premium has been fully paid.
 - The current fund allocation instruction at the time of application shall be followed.
 - Premiums are subject to the Company's current administration rules regarding minimum and maximum amounts.

APPLICATION FOR CHANGE OF FUND ALLOCATION INSTRUCTION

New Fund Allocation Instruction		Agreement
Peso Plans Fixed Account (Max 90%)* = _____ % Peso Fixed Income Fund = _____ % Peso Equity Fund = _____ % TOTAL = 100 % <i>* For Comprehensive Variable only</i>	Dollar Plans <i>(For Comprehensive Variable only)</i> Fixed Account (Max 90%) = _____ % Dollar Bond Fund = _____ % TOTAL = 100 %	<ol style="list-style-type: none"> Fund allocation instruction shall comply with the minimum allocation percentage in an Investment fund and maximum number of Investment Funds to which the premiums may be allocated as determined by the Company from time to time. Allocation instruction will be effective on the Valuation Date immediately following the date of our approval of your application.

APPLICATION FOR FUND SWITCHING

Peso Plans		Amount or No. of units to be Switched
From:	<input type="checkbox"/> Fixed Account (<i>For Comprehensive Variable only</i>) : _____ <input type="checkbox"/> Peso Fixed Income Fund : _____ <input type="checkbox"/> Peso Equity Fund : _____	To:
		<input type="checkbox"/> Fixed Account (<i>For Comprehensive Variable only</i>) _____ % (Max 90%) <input type="checkbox"/> Peso Fixed Income Fund _____ % <input type="checkbox"/> Peso Equity Fund _____ %
Dollar Plans (<i>For Comprehensive Variable only</i>)		Amount or No. of units to be Switched
From :	<input type="checkbox"/> Fixed Account : _____ <input type="checkbox"/> Dollar Bond : _____	To:
		<input type="checkbox"/> Fixed Account _____ % (Max 90%) <input type="checkbox"/> Dollar Bond _____ %

- Agreement**
- The amount to be switched must not be less than the amount determined by the Company from time to time.
 - A maintaining balance on the fund will be determined by the company.
 - Switching of units will be effective on the Valuation Date immediately following the date of our approval of your application.
 - All amounts in the Fixed Account Option will follow the denomination used by the plan.
 - A fund switching fee as may be determined by the Company will be charged by Us.

APPLICATION FOR WITHDRAWAL

Partial Withdrawal

Full Withdrawal

Amount or No. of units to be withdrawn = _____ (for Partial Withdrawal only)	Agreement
For Peso Plans From : <input type="checkbox"/> Fixed Account * _____ % <input type="checkbox"/> Peso Fixed Income Fund _____ % <input type="checkbox"/> Peso Equity Fund _____ %	<ol style="list-style-type: none"> The amount to be withdrawn must not be less than the amount determined by the Company from time to time. No withdrawal will be allowed if the resultant Account Value of the Policy is less than the maintaining balance stated in the Policy Data Sheet. Withdrawal fee, as stated in the Policy Data Sheet, will be charged by the Company. Full withdrawal will result to termination of the policy.
For Dollar From : <input type="checkbox"/> Fixed Account * _____ % <input type="checkbox"/> Dollar Bond Fund _____ %	
<i>* For Comprehensive Variable only (Both Dollar and Peso Plans)</i>	

Dated at _____ on _____.

I/We, the undersigned Owner/Payor and/or Irrevocable beneficiary(ies) hereby certify that all statements and answers herein are true and correct. Also, I/We hereby certify that I/We carefully understood and agreed each and every agreement stated on this application form.

Signature of Agent

Signature of Applicant/Payor

Name of Agent (in Print)

Signature of Irrevocable Beneficiary
(if age 18 & over)

Code No. of Agent

Signature of Irrevocable Beneficiary
(if age 18 & over)

With the consent of parent
(if Proposed Insured is below 18 yrs.):

Signature above Printed Name

Right Thumbmark

(If unable to sign or if signature is in block)

Right Thumbmark

(If unable to sign or if signature is in block)

For office use only.