



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<br>(if other than the Insured) | First Name   | Middle name     | Surname | Contact No. |
| Plan          | Face Amount                                 | Years to Pay | Mode of Payment |         |             |

**APPLICATION FOR CHANGE OF FUND ALLOCATION INSTRUCTION**

|   |   |   |   |
|---|---|---|---|
| <b>New Fund Allocation Instruction</b><br><table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <b>Peso Plans</b><br/>                 Guaranteed Fund (Max 90%) = _____ %<br/>                 Peso Fixed Income Fund = _____ %<br/>                 Peso Equity Fund = _____ %<br/>                 Peso Bond Fund = _____ %<br/>                 Others: _____ = _____ %<br/> <b>TOTAL = 100 %</b> </td> <td style="width:50%; vertical-align: top;"> <b>Dollar Plans</b><br/>                 Guaranteed Fund (Max 90%) = _____ %<br/>                 Dollar Bond Fund = _____ %<br/>                 Others: _____ = _____ %<br/> <b>TOTAL = 100 %</b> </td> </tr> </table> | <b>Peso Plans</b><br>Guaranteed Fund (Max 90%) = _____ %<br>Peso Fixed Income Fund = _____ %<br>Peso Equity Fund = _____ %<br>Peso Bond Fund = _____ %<br>Others: _____ = _____ %<br><b>TOTAL = 100 %</b> | <b>Dollar Plans</b><br>Guaranteed Fund (Max 90%) = _____ %<br>Dollar Bond Fund = _____ %<br>Others: _____ = _____ %<br><b>TOTAL = 100 %</b> | <b>Agreement</b><br>1. 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.<br>2. Allocation instruction will be effective on the Valuation Date immediately following the date of our approval of your application. |
| <b>Peso Plans</b><br>Guaranteed Fund (Max 90%) = _____ %<br>Peso Fixed Income Fund = _____ %<br>Peso Equity Fund = _____ %<br>Peso Bond Fund = _____ %<br>Others: _____ = _____ %<br><b>TOTAL = 100 %</b>   | <b>Dollar Plans</b><br>Guaranteed Fund (Max 90%) = _____ %<br>Dollar Bond Fund = _____ %<br>Others: _____ = _____ %<br><b>TOTAL = 100 %</b>   |   |   |

**APPLICATION FOR FUND SWITCHING**

|   |   |
|---|---|
| <b>Peso Plans</b><br>Amount or No. of units to be Switched<br>From: <input type="checkbox"/> Guaranteed Fund : _____ %<br><input type="checkbox"/> Peso Fixed Income Fund : _____ %<br><input type="checkbox"/> Peso Equity Fund : _____ %<br><input type="checkbox"/> Peso Bond Fund : _____ %<br><input type="checkbox"/> Others: _____ : _____ % | To: <input type="checkbox"/> Guaranteed Fund _____ % (Max 90%)<br><input type="checkbox"/> Peso Fixed Income Fund _____ %<br><input type="checkbox"/> Peso Equity Fund _____ %<br><input type="checkbox"/> Peso Bond Fund _____ %<br><input type="checkbox"/> Others: _____ % |
| <b>Dollar Plans</b><br>Amount or No. of units to be Switched<br>From: <input type="checkbox"/> Guaranteed Fund : _____ %<br><input type="checkbox"/> Dollar Bond Fund : _____ %<br><input type="checkbox"/> Others: _____ : _____ %   | To: <input type="checkbox"/> Guaranteed Fund _____ % (Max 90%)<br><input type="checkbox"/> Dollar Bond Fund _____ %<br><input type="checkbox"/> Others: _____ %   |

- 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 Guaranteed Fund 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 = _____<br>(for Partial Withdrawal only)  | <b>Agreement</b><br>1. The amount to be withdrawn must not be less than the amount determined by the Company from time to time.<br>2. 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.<br>3. Withdrawal fee, as stated in the Policy Data Sheet, will be charged by the Company.<br>4. Full withdrawal will result to termination of the policy. |
| For Peso Plans From: <input type="checkbox"/> Guaranteed Fund _____ %<br><input type="checkbox"/> Peso Fixed Income Fund _____ %<br><input type="checkbox"/> Peso Equity Fund _____ %<br><input type="checkbox"/> Peso Bond Fund _____ %<br><input type="checkbox"/> Others: _____ % |  |
| For Dollar Plans From: <input type="checkbox"/> Guaranteed Fund _____ %<br><input type="checkbox"/> Dollar Bond Fund _____ %<br><input type="checkbox"/> Others _____ %  |  |

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.

Right Thumbmark

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

Right Thumbmark

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

|                                  |   |
|----------------------------------|---|
| Signature of Agent/Witness       | Signature of Applicant/Payor  |
| Name of Agent/Witness (in Print) | Signature of Irrevocable Beneficiary<br>(if age 18 & over)            |
| Code No. of Agent                | Signature of Irrevocable Beneficiary<br>(if age 18 & over)            |
|                                  | With the consent of parent<br>(if Proposed Insured is below 18 yrs.): |
|                                  | Signature above Printed Name  |

For office use only.