

Agent Code

POLICY NUMBER

 NOTE: Fill out with block letters. Put on the tick boxes representing options.

PART I - CONTACT INFORMATION UPDATE
 I agree to update my contact information records with Philam Life based on the details in this section.

LAST NAME

FIRST NAME

MIDDLE NAME

Preferred Mailing Address:

 Residence Office

 House / Building / Lot No.,
Name of Street

 Telephone : Residence Office

 () - ex: (044) 123-4567

Mobile Phone

 + 6 3 - - ex: +63-900-1234567

E-Mail Address

If you want to receive e-notices in lieu of hard copy billings, accomplish the E-Notice Enrollment Form.

 District City Province Zip Code
PART II - REQUESTED TRANSACTION/S
 TOP UP Top Up Amount:

Allocation percentage should add up to 100%

Fund name	Percentage	Fund name	Percentage	Fund name	Percentage	Fund name	Percentage
<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/> %

Note: Please be reminded that: 1) Allocated fund amount to be invested shall be net of premium charge. 2) Unless directed, payment will be allocated accordingly based on your latest allocation percentages in your policy provided it satisfies the minimum requirement per fund. 3) Additional top-ups may be subjected to underwriting and future changes in cost of that may affect the account value. 4) This transaction should have the proper approval of the Company before rendering the top-up payment. 5) Fund managers and fund management charges vary across different funds. A list of the funds and their corresponding fund manager and fund management charge can be found at the back of this form, but some of these enumerated funds may not be available for your policy.

 CHANGE FUND ALLOCATION

Allocation:

Fund name	Percentage	Fund name	Percentage	Fund name	Percentage	Fund name	Percentage
<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/> %

Note: This change in allocation will not affect the existing units of each of your fund and will be applied only on your future premiums and top-up payments. Fund managers and fund management charges vary across different funds. A list of the funds and their corresponding fund manager and fund management charge can be found at the back of this form, but some of these enumerated funds may not be available for your policy.

 FUND SWITCH

Your instruction to switch funds may be made in terms of ONE of the following: Percentage, Amount, or Number of Units.

Percentage	Amount	Number of Units	From	To
<input type="text"/> %	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> %	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> %	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> %	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: While the policy is in force, fund units may be switched (or transferred) to another fund provided that: 1) The amount to be switched/transferred must not be less than the minimum amount determined by the Company and at least equal to the minimum allocation percentage in each fund. 2) The number of units to be switched will be determined by the unit price of the receiving fund. 3) The switching between funds will be subject to any other administrative rules determined by the Company from time to time. Fund managers and fund management charges vary across different funds. A list of the funds and their corresponding fund manager and fund management charge can be found at the back of this form, but some of these enumerated funds may not be available for your policy.

PART III - SIGNATURE

I/We hereby agree that should above request be approved by the Company, such request shall, from the date of such approval, amend in accordance with the terms thereof so approved the Policy to which the request refers.

Place Signed

 Date: / /

Owner's Signature over Printed Name

Irrevocable Beneficiary

Assignee

Agent / Witness

PLEASE DO NOT SIGN ON A BLANK FORM.

Other Requests or Special Instructions

REMINDERS

TOP UP

You may pay additional top-up payment to increase your investment account. Please accomplish this portion and indicate the name of your chosen funds and the amount or percentage of your payment you wish to place in each fund.

CHANGE FUND ALLOCATION

You may change your existing fund allocation instruction. This will not affect the existing units of each of your fund and will be applied only on your future premiums and top-up payments.

Please indicate the name of your chosen funds and percentage of your premium to be allocated to each of your chosen funds in this section.

FUND SWITCH

While the policy is in force, fund units may be switched (or transferred) to another fund provided that:

- 1) The amount to be switched/transferred must not be less than the minimum amount determined by the Company and at least equal to the minimum allocation percentage in each fund.
- 2) The number of units to be switched will be determined by the unit price of the receiving fund.
- 3) The switching between funds will be subject to any other administrative rules determined by the Company from time to time.

FUND MANAGER AND FUND MANAGEMENT CHARGES

The Fund Management Charge (FMC) covers the expenses and other liabilities in managing the assets in the investment fund. It is deducted from the Net Asset Value of the Investment Fund as shown below. But some of these enumerated funds may not be available for your policy.

Fund	Fund Manager	Fund Management Charge
PAMI Philam Bond Fund	Philam Asset Management, Inc. (PAMI)	1.5% per annum
PAMI Philam Fund	Philam Asset Management, Inc. (PAMI)	2.0% per annum
PAMI Philam Strategic Growth Fund	Philam Asset Management, Inc. (PAMI)	2.0% per annum
Philam Life Fixed Income Fund	Philam Life	2.0% per annum
Philam Life Balanced Fund	Philam Life	2.0% per annum
Philam Life Equity Fund	Philam Life	2.0% per annum
Philam Life Dollar Bond Fund	Philam Life	2.0% per annum
Philam Life Global Bond Fund	Philam Life	2.0% per annum
Philam Life High Water Mark Fund 2019	Barclay's Bank PLC	2.2% per annum

SIGNATURE

This request must be dated, place of signing indicated and must be signed by the Policy Owner and the irrevocable beneficiaries.

Witness portion must be duly signed by a third party of legal age.

GENERAL REQUIREMENTS

- Policy Owner's Identification Cards
- Irrevocable Beneficiary's Identification Cards

Please see additional requirements below for special circumstances:

- Policy Owner is abroad - current Special Power of Attorney duly authenticated by the Philippine Consul is required, authorizing the attorney-in-fact to execute the
- For representative of the Policy Owner- This may be submitted by the representative of the Policy Owner provided, it is originally signed by the Policy Owner himself and a photocopy of the Policy Owner's valid ID is presented.
- If the Owner or Assignee is a corporation, an officer of the corporation must sign for the corporation on the form, and this must be accompanied by a Corporate Secretary's Certificate and Board Resolution authorizing the change in this policy and giving the executing officer authority to sign this request on behalf of the corporation.

To be filled out by Philam Life Personnel

If witnessed by an agent, indicate if: Original Reinstating

Agent Signature: _____

Assisting/Serviceing

Agent Code:

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Received By _____ Date _____
 Branch/Office _____
 Processed By _____ Date _____
 Branch/Office _____
 Approved By _____ Date _____
 Branch/Office _____

Documents Submitted Together with this Application

Notes: