



IRREVOCABLE BENEFICIARY CONSENT FORM

As the designated irrevocable beneficiary of the AIA Philippines for:

Policy Number [grid]

Policy Owner's Details table with columns: Last name, First Name, Middle Name, Suffix

I provide my consent to make the following change/s to this policy. Kindly check (✓) the appropriate box to indicate the transaction you are providing your consent to:

- Checkboxes for: Cancellation during Cooling off Period, Cash Surrender, Change in Beneficiary, Change in Fund Allocation, Change in Ownership, Change Plan, Conversion to Extended Term Insurance, Conversion to Reduced Paid Up, Decrease Coverage, Dividend Withdrawal, File a Loan, Full Withdrawal, Fund Switch, Partial Withdrawal, Policy Assignment

By affixing my signature below, I understand that any change made to this policy may affect my future benefits as the designated beneficiary.

Irrevocable Beneficiary

Signature over Printed Name (First Name, Middle Name, Last Name)

Date Signed (Month Day, Year)