

Please fully accomplish this form and present documents listed at the back to facilitate processing of your request.

<b>1. POLICY DETAILS</b>	Policy No. <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table> Plan: _____ Policyowner: _____ Insured: _____ Address: _____ Phone/Mobile No. _____ _____ Occupation: _____ Email address _____ Avocation: _____										

<b>2. <input type="checkbox"/> CHANGE IN FUND ALLOCATION</b>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Plan</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name of Fund</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Percentage</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Philam Life Dollar Bond Fund</td> <td>_____ %</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Philam Life Global Bond Fund</td> <td>_____ %</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Philam Global Equity Fund</td> <td>_____ %</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Philam Life Equity Fund</td> <td>_____ %</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Philam Life Fixed Income</td> <td>_____ %</td> </tr> <tr> <td><input type="checkbox"/></td> <td>_____</td> <td>_____ %</td> </tr> <tr> <td><input type="checkbox"/></td> <td>_____</td> <td>_____ %</td> </tr> </tbody> </table>	<u>Plan</u>	<u>Name of Fund</u>	<u>Percentage</u>	<input type="checkbox"/>	Philam Life Dollar Bond Fund	_____ %	<input type="checkbox"/>	Philam Life Global Bond Fund	_____ %	<input type="checkbox"/>	Philam Global Equity Fund	_____ %	<input type="checkbox"/>	Philam Life Equity Fund	_____ %	<input type="checkbox"/>	Philam Life Fixed Income	_____ %	<input type="checkbox"/>	_____	_____ %	<input type="checkbox"/>	_____	_____ %
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<b>5. <input type="checkbox"/> PREMIUM HOLIDAY</b>	<input type="checkbox"/> <u>Application</u> of Premium Holiday starting on: (due date): _____ <input type="checkbox"/> <u>Cancellation</u> of Premium Holiday starting on: (due date) _____
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<b>6. SIGN HERE FOR ABOVE REQUEST</b>	The undersigned for the above-numbered policy hereby agree that should request be approved by the company, such request shall, from the date of approval, amend in accordance with the terms thereof so approved the contract contained in the policy to which the request refers.  Place of Signing: _____ Date: _____  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Name Signature of Policyowner</td> <td style="width:50%; border-bottom: 1px solid black;">Name and Signature of Witness</td> </tr> <tr> <td style="width:50%; border-bottom: 1px solid black;">Name and Signature of Irrevocable Beneficiary</td> <td style="width:50%; border-bottom: 1px solid black;">Name and Signature of Irrevocable Beneficiary</td> </tr> </table>	Name Signature of Policyowner	Name and Signature of Witness	Name and Signature of Irrevocable Beneficiary	Name and Signature of Irrevocable Beneficiary
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**TO BE FILLED OUT BY PHILAM LIFE PERSONNEL**

**HOME OFFICE ENDORSEMENT**

REQUEST	DISAPPROVED	APPROVED
<input type="checkbox"/> Change in fund allocation	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Premium Holiday	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fund switching	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Additional Top-ups	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Please submit <input type="checkbox"/> Health Statement <input type="checkbox"/> Medical Exam		
<input type="checkbox"/> Others: _____		

Received by: _____	Date/time: _____
Requirements by: _____	Date/time: _____
Approved by: _____	Date/time: _____
Amount to be paid: _____	Account number: _____
Released by: _____	Date/time: _____

You are now categorized under special premium class because of: \_\_\_\_\_.  
 The cost of insurance charged to you monthly will increase and may affect your future account value.

**PLEASE ATTACH THIS FORM TO YOUR POLICY TO FORM PART THEREOF**

## INSTRUCTIONS AND CONDITIONS

<p><b>1. POLICY DETAILS</b></p>	<p>Please complete this section so to enable us to easily identify the policy being amended and to enable us to easily communicate the pertinent information regarding this transaction.</p>
<p><b>2. CHANGE IN FUND ALLOCATION</b></p>	<p>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.</p> <p>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.</p>
<p><b>3. ADDITIONAL TOP-UP</b></p>	<p>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. Submit these forms to any Philam Life Office and await the approval before rendering the payment to the Cashier.</p> <ol style="list-style-type: none"> <li>(1) Allocated fund amount to be invested shall be net of sales load.</li> <li>(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.</li> <li>(3) Additional top-ups may be subjected to underwriting and future changes in cost of that may affect the account value</li> <li>(4) This form should have the proper endorsement and approval of the Company before rendering the top-up payment to the Cashier.</li> </ol>
<p><b>4. FUND SWITCHING</b></p>	<p>While the policy is in force, fund units may be switched (or transferred) to another fund provided that:</p> <ol style="list-style-type: none"> <li>(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</li> <li>(2) the number of units to be switched will be determined by the unit price of the receiving fund.</li> <li>(3) the switching between funds will be subject to any other administrative rules determined by the Company from time to time.</li> </ol> <p>Fund switch request is free once every policy year. Subsequent fund switch transaction is subject to 1% fund charge.</p>
<p><b>5. PREMIUM HOLIDAY APPLICATION</b></p>	<p>If you fail to pay any premiums due after the grace period, units in the Account Value will be withdrawn in proportion to the Fund Allocation Instruction in effect to pay for the premiums falling due under the Policy, including other riders. If the units in the Account Value are insufficient to pay the premiums due, the non-forfeiture provisions of the policy will take effect.</p> <p>If you wish to suspend the Premium Holiday provision, you may notify us in writing no later than thirty-one (31) days before the current premium due date.</p>
<p><b>6. SIGN HERE FOR ABOVE REQUEST</b></p>	<p>This request must be dated, place of signing indicated and must be signed by the Policyowner and the irrevocable beneficiaries.</p> <p>Witness portion must be duly signed by a third party of legal age.</p> <p><b>DOCUMENTS TO BE PRESENTED</b></p> <ul style="list-style-type: none"> <li>• A photocopy of the Policyowner's valid Identification Card with his picture and signature</li> </ul> <p><b>Additional requirements for special circumstances:</b></p> <ul style="list-style-type: none"> <li>• <b>Policyowner is abroad</b> - current Special Power of Attorney duly authenticated by the Philippine Consul is required, authorizing the attorney-in-fact to execute the request.</li> <li>• <b>For representative of the Policyowner</b>- ICRF may be submitted by the representative of the Policyowner provided, ICRF is originally signed by the Policyowner himself and a photocopy of the Policyowner's valid ID is presented.</li> </ul>