



TIN: 007-884-672-000

VARIABLE LIFE POLICY FUND SWITCH FORM

IMPORTANT NOTICE: This form must be received by the Head Office by 3:00PM on a business day, otherwise it shall be deemed to be received on the next business day.			
GENERAL INFORMATION			
Policy Owner: (Last Name, First Name, M.I.)		Policy Number:	
Home Address:		Email Address:	
Home Phone Number:		Mobile Phone Number:	
Please tick (check) one <input type="checkbox"/> below:			
PART A. FUND SWITCH			
<input type="checkbox"/> I would like to transfer fund(s) as indicated below:			
FROM (SOURCE FUND)	AMOUNT / PERCENTAGE	TO (TARGET FUND)	PERCENTAGE
TOTAL:			
Notes:			
1. If a fund is to be fully transferred, please indicate 100% against the source fund.			
2. This request for Fund Switch will not be accepted unless the following conditions are met:			
• Minimum amount to be transferred from any source fund is the lower of Php10,000.00 or the entire value of the fund.			
• If Fund is not fully transeferred, the minimum fund balance after Fund Switch is Php15,000.00 using bid prices prior to the receipt of this request as a basis.			
3. Fund transfer applies to the existing units and does not affect the allocation of future premiums.			
4. The first two fund switches in each policy year are free. Thereafter, the fee for each transfer is Php200.00 (1 form processed = 1 transfer)			
5. Indicate if the value is in absolute amount or percentage.			
Signature of Policy Owner:		Printed Name:	Date of Signing: (mm/dd/yyyy)
Signature of Agent/Witness:		Printed Name:	Agent's Code:
Address of Agent/Witness			Unit Name:
Place of Signing:			Date of Signing: (mm/dd/yyyy)
Signature of Irrevocable Beneficiary, if any:		Printed Name:	Date of Signing: (mm/dd/yyyy)
Signature of Irrevocable Beneficiary, if any:		Printed Name:	Date of Signing: (mm/dd/yyyy)
Signature of Agent/Witness:		Printed Name:	Agent's Code:
Address of Agent/Witness			Unit Name:
Place of Signing:			Date of Signing: (mm/dd/yyyy)
Requirements:			
1. Photocopy of two (2) current valid ID			
2. Processing Fee, if applicable			
Received by:	Processed by:	Approved by:	