BDO life®

Form No. BDOL_CSD_005

Fund Switch/Allocation Form

Please fill out the form using block letters and countersign any erasures or corrections. You allow BDO Life to update your contact information record based on the details below.

I. POLICY DETAILS

Policy Number

S- - -

Policy Owner's Full Name

Last Name | First Name | Middle Name | Suffix

Mailing Address

Unit No. Building / No. Block. Street | Subdivision / Barangay | City / Municipality | Province / State | Country | Zip Code

Home Landline Number

Country Code | Area Code | Landline Number

Personal Mobile Number

Country Code | Mobile Number

Personal Email Address

II. REQUEST FOR FUND SWITCH OR FUND ALLOCATION

Note: Fund switch or change of fund allocation requests will be subject to the Company's existing rules and guidelines.

☐ **FUND SWITCH** (Allows the Policy Owner to transfer all or a portion of the Policy's existing fund/s to other fund/s offered by the Company.)

By selecting this option, the Policy Owner requests that the accumulated amount of the source funds indicated in the "FROM" box will be transferred based on the proportion of target funds indicated in the "TO" box which will take effect after the approval of this request.

From

Indicate source fund/s	To be switched*

* Figures to be switched are in:

- ○ **Amount in the fund**
- ○ **Percentage of units in the fund**

If not selected, "Amount in the fund" will apply. If you wish to transfer the whole fund, please indicate "100%".

To

Indicate target fund/s	Percentage
	%
	%
	%
Total	**100%**

This will not affect future allocation of regular premiums. If you wish to also change how future regular premiums will be allocated to funds, please also select "FUND ALLOCATION CHANGE".

☐ **FUND ALLOCATION CHANGE** (Allows the Policy Owner to change how regular premiums are invested to different available funds offered by the Company.)

By selecting this option, the Policy Owner requests for such change in the Policy as indicated below which will only take effect beginning on the next premium payment after the approval of this request..

Fund Name	Percentage
Total	**100%**

This will not affect the existing fund values of the Policy. If you wish to also transfer your existing fund values to other funds, please also select "FUND SWITCH".

III. DECLARATIONS AND AGREEMENTS

I hereby declare that there are no other persons, firms or corporations with any interest in the abovementioned Policy, aside from those expressly indicated below. I also declare that there are no bankruptcy or insolvency proceedings pending on the abovesigned Policy Owner. Finally, I also declare that all signatories below are of legal age and have the legal capacity to sign this document.

Policy Owner
Signature over printed name

Place Signed

Date Signed
(mm/dd/yyyy)
/ /

Irrevocable Beneficiary or Assignee
Signature over printed name

Irrevocable Beneficiary or Assignee
Signature over printed name

Financial Advisor/Agent/Staff
Signature over printed name