

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

Life Insured'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. TOP UP PREMIUM DETAILS

Currency

Amount of Top-Up Premium

Peso US Dollar

Will the payment of the top-up premium come from anyone other than the Life Insured or Policy Owner? Yes No

From whom and state purpose

Indicate Top-Up Target Fund

Percentage

The Top-Up Premium will be allocated based on the proportion of target fund/s indicated herein.

Indicate Top-Up Target Fund	Percentage
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
Total:	100 %

- Please indicate the name of the fund with the corresponding percentage. Please note that allocations should total 100%.
- Top-Ups will be subject to the Company's existing minimum amounts prescribed by the Company, rules, and applicable deductions.
- The Top-Up amount, less any deductions, will be used to purchase units based on purchase prices applicable on or immediately after the approval of this request.
- Fund allocation as requested herein shall apply only to this Top-Up Premium.
- Please note that Top-Up premium currency must be the same as the currency used in the policy.

III. PAYMENT DETAILS

For us to process your Top-Up application in a timely manner, please indicate the details of your Top-Up premium payment below. Please also ensure that the policy number is indicated and validated in the payment transaction slip.

BDO Branch* Amount Paid Date of Payment

*if payment is made via Mobile banking, please indicate "Mobile Banking" in the BDO Branch field.

Please safekeep your proof of payment and expect to receive your official receipt by email or by post. Please contact us at (+632) 8800-0555 or we-care@bdolife.com.ph if you have not received your official receipt within 5 working days.

IV. GUARANTEED ACCEPTANCE PROVISIONS

Notwithstanding the Death Benefit and Top-Up Premiums provisions of the Policy, the Policy Owner understands and agrees that this Top-Up Application will be accepted by the Company on a guaranteed basis, provided it is within the existing limits of the Company and provided further that, if the Life Insured's death occurs within two (2) years from the date of approval of this Top-Up Application due to causes other than Injury, the liability of the Company for this Top-Up Premium shall only be limited to the refund of all Deductions corresponding to this Top-Up Premium and Fund Value from this Top-Up Premium as of the Pricing Date immediately following the receipt of notice of claim for the Life Insured's death.

"Injury" in this form shall mean:

- accidental bodily injury causing death within one hundred eighty (180) days from the accident;
- effected directly and independently of all other causes through external violent and accidental means;
- produces a visible contusion or wound on the exterior of the body except in the case of drowning or internal injuries revealed by medical examination or autopsy;
- is not due to murder, provoked assault or suicide (except for suicide committed while in the state of insanity); and
- is not due to disease, infirmity or physical condition which Life Insured is suffering at the time of such accidental bodily injury.

DECLARATIONS:

- I/We declare that all the foregoing statements and exceptions (if any) above were voluntarily answered completely and accurately.
- I/We allow BDO Life Assurance Company, Inc. access to any medical evidence or related records which may be required for further underwriting due to this top up request.
- I/We understand and agree that this transaction shall be considered an amendment to the Policy and thereby forms part thereof. Any person or entity who shall have any claim to the policy shall likewise have a claim to this transaction.
- I/We understand that the number of units purchased will depend on the fund prices on or immediately following the company's approval of this top up request.
- I/We understand that this top-up request shall not be effective until it is received and approved by BDO Life Assurance Company, Inc.

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)

/ /

Life Insured (if other than the Policy Owner)

Signature over printed name

Financial Advisor/Agent/Staff

Signature over printed name