BDO life®

Form No. BDOL_CSD_002 - Variable Life Insurance Policy

Top-Up Application 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

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

○ Peso ○ US Dollar

Amount of Top-Up Premium

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.

	%
	%
	%
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. DECLARATION OF INSURABILITY (For any YES answers, please provide the question number with complete details at the back of this form and affix your signature)

1. Has the Life Insured ever had consulted, sought treatment for, or been confined for diabetes, high blood pressure, stroke, kidney disease, liver disease, cancer, leukemia or any blood disorder, or other diseases not mentioned? ○ Yes ○ No
2. Does the Life Insured expect to change occupation or country of residence? ○ Yes ○ No
3. Is the Life Insured currently taking any medication or undergoing any medical treatment for any ailment? ○ Yes ○ No
4. Has the Life Insured been advised hospital confinement, taken any diagnostic test, or undergone any medical or surgical treatment? ○ Yes ○ No
5. Does the Life Insured engage or intend to engage in any private flying, diving, motorcycle, car, motorboat racing, or any other extreme sports or hazardous activities? ○ Yes ○ No
6. For female Life Insured, are you currently pregnant? If so, how many months? ○ Yes ○ No
7. Life Insured's Current Height ft/inches/cm Current Weight lbs/kilos

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