

POLICY DETAILS: Please fill in appropriately

Policy Number	
Policy Owner	
Address	
Mobile Number	
Landline Number	
Email Address	

ID Type Presented and Details

ID Presented	ID Number	Valid Until

Please ensure IDs presented are government-issued, valid, current and primary IDs with pictures and attach clear photocopies thereof to this form.

REQUEST FOR CHANGE IN FUND ALLOCATION (Applicable for regular pay plans only)

Indicate Fund	Percentage
Total:	100%

Notes:

- Please indicate the name of the fund and the corresponding percentage allocation for future premiums. Please do not use decimal places and ensure that the total percentage allocation equals 100%.
- Please note that the minimum fund allocation percentage will be subject to the Company's existing rules and guidelines.
- Changing your fund allocation will not affect the current units in your existing funds. Rather, the change will be applied to all future regular premium payments.

SIGNATURE AUTHORIZATION

I hereby attest that there are no other persons, firms or corporations with any interest in the abovementioned Policy aside from those expressly indicated above. I also attest that there are no bankruptcy or insolvency proceedings pending on the policyowner. Finally, I also attest that all signatories below are of legal age.

Signature over Printed Name of Policy Owner	Date/Place of Signing	Signature over Printed Name of Financial Advisor/Agent/Staff
Signature over Printed Name of Irrevocable Beneficiary (if any)	Signature over Printed Name of Irrevocable Beneficiary (if any)	Signature over Printed Name of Assignee (if any)