BDO life®

Fund Switch Form

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 FUND SWITCH

From (Indicate Source Fund/s)	Amount/Unit/Percentage	To (Indicate Target Fund/s)	Percentage
		Total:	100%

Notes:

- The minimum amount to be taken from the source fund must not be less than the minimum amount set by the Company OR must equal the entire fund value. In addition, the remaining value in the source fund (if applicable) must also meet the minimum amount required by the Company.
- Switching between funds shall be subject to the Company's existing rules and applicable deductions.
- You may indicate in the source fund/s either amounts, units or percentages subject to the minimum amounts earlier stated. Please encircle the appropriate measurement used. Target funds must be allocated in percentage, the total of which should be 100%. Please do not use decimal places for percentages.
- Fund switches are applicable to existing units and will not affect future allocation of premiums and top up payments (if any).

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 FA/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)