

POLICY DETAILS: Please fill in appropriately

Policy Number	
Life Insured	
Policy Owner	
Address	
Contact Number	

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.

TOP-UP PREMIUM DETAILS

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? _____ Please state purpose _____

FUND ALLOCATION	PESO FUNDS		US DOLLAR FUNDS	
	<input type="checkbox"/> Conservative Fund (Fixed Income)	%	<input type="checkbox"/> Conservative Fund (Fixed Income)	%
	<input type="checkbox"/> Moderate Fund (Balanced)	%	<input type="checkbox"/>	%
	<input type="checkbox"/> Aggressive Fund (Equity)	%	<input type="checkbox"/>	%
	<input type="checkbox"/>	%	<input type="checkbox"/>	%
	<input type="checkbox"/>	%	<input type="checkbox"/>	%
	<input type="checkbox"/>	%	<input type="checkbox"/>	%
		TOTAL	%	TOTAL

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

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:
- (a) accidental bodily injury causing death within one hundred eighty (180) days from the accident;
 - (b) effected directly and independently of all other causes through external, violent and accidental means;
 - (c) 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;
 - (d) is not due to murder, provoked assault or suicide (except for suicide committed while in the state of insanity); and,
 - (e) 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 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.

SIGNATURE AUTHORIZATION

		Date/Place of Signing
Signature over Printed Name of Life Insured	Signature over Printed Name of Policy Owner (if other than the Life Insured)	Signature over Printed Name of Financial Advisor/Agent/Staff