

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 _____

Indicate Top Up Target Fund	Percentage

Total:	100%

Notes:

- 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.

DECLARATION OF INSURABILITY

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the Life Insured expect to change occupation or country of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the Life Insured currently taking any medication or undergoing any medical treatment for any ailment? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the Life Insured been advised hospital confinement, taken any diagnostic test or undergone any medical or surgical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. For female Life Insureds, are you currently pregnant? If so, how many months? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ months
7. Life Insured's Current Height _____ ft/inches/cm Weight _____ lbs/kilos

For any YES answers, please give complete details in the space provided below.

(Should you need more space, please use the back of this form and affix your signature.)

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

BDO Life Assurance Company, Inc.

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