

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.

CHANGE REQUEST FOR RIDERS

I would like to request that the rider/s enumerated below be changed accordingly (added/deleted/modified) for my policy:

Indicate Name of Rider	Amount (if applicable)	Indicate Modification Instructions (Add, Delete, etc.)

Note: Please indicate the name of the rider to be added, deleted, or modified.

Note: Please indicate in the box the rider coverage amount to be added or modified (if applicable)

Note: Please indicate instructions. For example: "Delete Rider"; "Add Rider"; "Increase Rider Coverage"; "Decrease Rider Coverage"

DECLARATION OF INSURABILITY (For rider addition or increase in coverage amount, please fill up the questions referring to the Life Insured)

1. Has the Life Insured ever had consulted, sought 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 back of this form and affix your signature.)

SIGNATURE AUTHORIZATION

DECLARATIONS:

- I/We declare that all the foregoing statements and exceptions (if any) above were answered completely and accurately.
- 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 original policy shall have claim to this transaction.
- I/We understand that this application request may be subject to underwriting and approval. I/We further allow BDO Life Assurance Company, Inc. (BDOLAC) access to any medical evidence or related records which may be required to underwrite this request. BDOLAC reserves the right to request for additional information/requirements (if needed) to process this request.
- I/We understand that this request shall not be effective until it is received and approved by BDO Life.

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.

BDO Corporate Center, 7899 Makati Avenue, Makati City, Metro Manila, Philippines
Customer Care Hotline: (632) 8885-4110 | Fax (632) 5325-0792 | Toll Free No. 1-800-1888-6603