

POLICY DETAILS: Please fill in appropriately

| | |
|----------------|--|
| Policy Number | |
| Life Insured | |
| Policy Owner | |
| Address | |
| Contact Number | |

ID Type Presented and Details

| ID Presented | ID No. | Valid Until |
|--------------|--------|-------------|
| | | |
| | | |
| | | |

Please ensure IDs presented are government-issued, valid, current 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)

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

For any YES answers at left, 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 forgoing 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 a claim to the original policy shall likewise 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 application shall not be effective until it is received and approved by BDOLAC.

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
FA/Agent/Staff to Witness

BDO Life Assurance Company, Inc.

(Formerly Generali Pilipinas Life Assurance Company, Inc.)
BDO Corporate Center, 7899 Makati Avenue, Makati City, Metro Manila, Philippines
Customer Care Hotline: (632) 8854110 | Trunk lines: (632) 8854100, 8854200 | Fax (632) 3250792