

**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 CHANGE IN FUND ALLOCATION (Applicable for regular pay plans only)**

Indicate Fund	Percentage
Total:	100%

**Notes:**

- Please indicate the name of the fund and the corresponding percentage allocation for future premiums. Please do not use decimal places and ensure that the total percentage allocation equals 100%.
- Please note that the minimum fund allocation percentage will be subject to the Company's existing rules and guidelines.
- Changing your fund allocation will not affect the current units in your existing funds. Rather, the change will be applied to all future regular premium payments.

**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 Financial Advisor/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)