

1. General Information		Name of Life Insured (Last, First, MI)	Place of birth	Citizenship
		Name of Policy Owner, if different from Life Insured, (Last, First, MI)	Place of birth	Citizenship
		Mailing Address	Policy Number	
		Address Abroad (if applicable)	Email Address	
Telephone No./Mobile	Telephone No. Abroad (if applicable)	Occupation	TIN	

2. Details of Fund Switch

From (Source Fund)	Amount/Percentage	To (Source Fund)	Amount/Percentage
Peso Bond Fund / Peso Secure Fund	_____	Peso Bond Fund / Peso Secure Fund	_____
Peso Stable Fund / Peso Diversified Value Fund	_____	Peso Stable Fund / Peso Diversified Value Fund	_____
Peso Balanced Fund / Peso Dynamic Allocation Fund	_____	Peso Balanced Fund / Peso Dynamic Allocation Fund	_____
Peso Equity Fund / Peso Growth Fund	_____	Peso Equity Fund / Peso Growth Fund	_____
Peso Target Income Fund / Peso Target Distribution Fund	_____	Peso Target Income Fund / Peso Target Distribution Fund	_____
Others	_____		
TOTAL	_____		

Details specific to Peso Target Income Fund/Peso Target Distribution Fund

Income Payout Option Cash Reinvestment
Payout Frequency Annual Semi-Annual Quarterly Monthly
Payout Start Date Start of the _____ policy month

Others _____

TOTAL _____

From (Source Fund)	Amount/Percentage	To (Source Fund)	Amount/Percentage
USD Bond Fund / USD Secure Fund	_____	USD Bond Fund / USD Secure Fund	_____
USD Asia Pacific Bond Fund	_____	USD Asia Pacific Bond Fund	_____
USD ASEAN Growth Fund	_____	USD ASEAN Growth Fund	_____
USD Global Target Income Fund	_____	USD Global Target Income Fund	_____
Others	_____	Others	_____
TOTAL	_____	TOTAL	_____

- If a fund is to be transferred, please indicate 100% against that source fund.
- This request for Fund Switch will not be accepted unless the following conditions are met
 - Minimum amount to be transferred from any sourced fund is lower of Php 10,000.00 for Peso Variable Life and USD 200.00 for US Dollar Variable Life or the entire fund value. For **Platinum Invest, Platinum Invest Elite and Affluence Income Max**, minimum amount to be transferred from any source fund is the lower of Php 30,000.00 for Peso Variable Life and USD 600.00 for US Dollar Variable Life or the entire fund value.
 - If fund is not fully transferred, the remaining fund balance after the Fund Switch using bid prices prior to the receipt of this request as basis will be subject to a minimum amount.
- Fund transfer applies to the existing units and does not affect the allocation of future premiums.
- The first two (2) switches in each policy year are free. Thereafter, the fee for each transfer is Php 200.00 for Peso Variable Life and USD 5.00 for US Dollar Variable Life (1 from processed = 1 transfer). For Affluence Income Flex, the first three (3) switches in each policy year are free and the fee for each transfer thereafter is Php 200.00. For Affluence Max, Affluence Max Gold and Affluence Income Max, the first three (3) fund switches in each policy year are free fo charge. Thereafter, the fee for each transfer is 1% of the amount to be switched.
- Indicate if the value is in absolute amount or percentage.

3. Change of Investment Allocation of Premiums

Fund	Percentage	Fund	Percentage
Peso Bond Fund / Peso Secure Fund	_____	USD Bond Fund / USD Secure Fund	_____
Peso Stable Fund / Peso Diversified Value Fund	_____	USD Asia Pacific Bond Fund	_____
Peso Balanced Fund / Peso Dynamic Allocation Fund	_____	USD ASEAN Growth Fund	_____
Peso Equity Fund / Peso Growth Fund	_____	USD Global Target Income Fund	_____
Others	_____	Others	_____
TOTAL	_____	TOTAL	_____

- Change of Investment Allocation of premiums is for regular premium.
- Fund allocation does not affect the existing units.
- The minimum fund allocation per chosen fund is 20%.
- The first four (4) changes of investment allocation of premiums in each policy year are free. Thereafter, the fee for each change of investment allocation of premiums is Php 200.00 for Peso Variable Life and USD 5.00 for US Dollar Variable Life.

Requirements needed

- Duly filled out Fund Switch/Investment Allocation form
- Photocopy of Two (2) Valid IDs
- Processing Fee, if applicable

4. Signatures

Date signed	Place signed	Name and signature of Life Insured
Name and signature of Policy Owner/Payor		Name and signature of Irrevocable Beneficiary
Name and signature of FSA/Witness		Agent's Code