

15F-18F Net Lima Building, 5th Avenue corner 26th Street, Bonifacio Global City, Taguig 1634

Agent Code				
NOTE: Fill out  with block letters. Put	☑ on the tick boxes represe	enting options.		POLICY NUMBER
PART I - REQUESTED TRANSACTION/S	s			
	y Owner Insured		TACT INFORMATION	
Last name		Telephone :	Residence Of	fice
				ex (044) 123-4567
First Name		Mobile Phone		
Middle Name		+ 6 3 -		ex +63-900-1234567
Middle Name		E-Mail Address		
		If you want to room	in a pations in liqu of hard our	by billings, accomplish the E-Notice Enrollment Form
Reason for change of name:			I IN DATE OF BIRTH OF:	Policy Owner Insured
Marriage Correction		m	m d d y	y y y Note: If correction in date of birth
Legal Separation Others		Date of Birth:	/	results to a change in age, premiums MAY be adjusted as a result.
CHANGE PREFERRED MAILING AD	DRESS Resider	nce Office		
House / Building / Lot No.,	Resider	Office		
Name of Street				
District	City	Province		Zip Code
Please	indicate the complete list o	f your intended beneficiaries. This wil	Leuporeado apy provious o	designations (IPD Law LLL DEV Devolt
CHANGE BENEFICIABLES	ng those written in your insu	· ·	i supersede any previous c	designations (IRR= Irrevocable, REV= Revocable, PRIM= Primary, CON= Contingent)
Name (Last, First, Middl	e Initial)	Date of Birth (mmddyyyy)	Relationship S	Share IRR REV PRIM CON
				%
				%
				%
				%
Plan / Ride DECREASE COVERAGE:	er Name: New C	Coverage:		Rider Name:  DELETE RIDER:
CHANGE PAYMENT MODE TO:		FEITURE OPTION TO:		NGE DIVIDEND OPTION TO:
Annual Quarterly Extended Term Reduced Paid Insurance Up				Pay in Cash Leave with Company to earn interest
Semi Annual Automatic Other				Apply to Purchase
	Premium Loan	Options:		Premium Due Paid-up Insurance
CHANGE SIGNATURE				
	Old Signature		gnature	New Signature
	plete to the best of my kno			e declarations and information therein was given herein shall be used by Philam Life as basis for
Other Transactions. Please specify:				
ART II - SIGNATURE				
		ompany, such request shall, from the	date of such approval, ar	mend in accordance with the terms therof so
approved the Policy to which the request ref	CIS.		m	m ddyyyy
Place Signed			Date:	1 1
Owner's Signature over Printed Name	Irrevocable Ber	neficiary A EASE DO NOT SIGN ON A BLANK F	ssignee	Agent / Witness
	PLE	THE DO NOT SIGN ON A DEAINN F	OTAIVI.	

## Other Requests and Special Instructions **REMINDERS** CHANGE DETAILS OF POLICY OWNER / INSURED Submit legal documents showing the correct/new information about the Policy Owner or insured like birth certificate, marriage ceritificate or official ID's. Depending upon the evaluation of the Company on the materiality of these changes, your premium may or may not change. CHANGE BENEFICIARY DETAILS If you designate a minor as your beneficiary please identify a Trustee by accomplishing a Trust Deed Agreement Form. A designation of a beneficiary that is not a member of your immediately family, up to the second degree of consanguinity, will be subject to evaluation and approval. If more that one beneficiary is named in any class, equal shares shall be assumed unless otherwise specified. A revocable beneficiary may be changed any time and has no right over the policy while the insured is still living. On the otherhand, the owner/insured may not change anything on the policy without the consent of an irrevocable beneficiary. If irrevocable beneficiary is a minor, and the share doe not exceed P50,000 a guardian will need to sign. If the share exceeds P50,000 this application must be accompanied by Letters of Guardianship and a Court Order authorizing this transaction. A primary beneficiary is the first in line to receive the death benefit. While the contingent beneficiary will only be able to claim if there are no surviving primary beneficiaries. DELETE/DECREASE IN COVERAGE The effect of a decrease in the Face Amount of the base plan and the deletion or decrease in coverage of the riders are prospective. CHANGE SIGNATURE If the change in signature is due to marriage, please submit marriage certificate. If the change in signature is due to any other reason, please show ID's or legal documents showing your old and/or new signature. **GENERAL REQUIREMENTS** · Policy Owner's Identification Cards · Irrevocable Beneficiary's Identification Cards Additional requirements for special circumstances: • Policy Owner is abroad - current Special Power of Attorney duly authenticated by the Philippine Consul is required, authorizing the attorney-in-fact to execute the request. • For representative of the Policy Owner- This may be submitted by the representative of the Policy Owner provided, it is originally signed by the Policy Owner himself and a photocopy of the Policy Owner's valid ID is presented. • If the Owner or Assignee is a corporation, an officer of the corporation must sign for the corporation on the form, and this must be accompanied by a Corporate Secretary's Certificate and Board Resolution authorizing the change on the policy and giving the executing officer authority to sign this request on behalf of the corporation. TO BE FILLED BY PHILAM LIFE PERSONNEL If witnessed by an agent, indicate if: Original Reinstating Agent Signature Assisting/Servicing/Transferred Agent Code: Received By Documents submitted together with this application: Date Branch/Office Processed By Date Branch/Office Approved By Date Branch/Office Notes: