



Fund Switching Application Form

Policy No.

Variable Life Application Form for Fund Switching

Indicate "N/A" if question is not applicable. DO NOT leave any portion BLANK.

Policy owner

Insured

Title	Last name	First name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Middle name	Preferred name	Gender
<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female

Date of birth	Place of Birth	Nationality
<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text"/>	<input type="text"/>

Marital status	SSS/GSIS number	TIN
<input type="radio"/> Single <input type="radio"/> Widow(er) <input type="radio"/> Married <input type="radio"/> Divorced or Annulled <input type="radio"/> Separated	<input type="text"/>	<input type="text"/>

Explain reason of unavailability of SSS, GSIS, TIN

Are you a United States citizen, United States permanent resident alien (Green Card holder) or a United States resident?

Yes No

Mobile number	Other phone number	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

Occupation (Describe duties and rank)

Primary Occupation:
Name of Employer:
Nature of Business:
Business Address:

Average monthly income

Source of funds

Salary Business Savings
 Other

Residential address (permanent) **P.O. Box is not acceptable**

Unit no.	Floor	Building name	House/Building no.	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Barangay/District		City/Municipality		Postcode
<input type="text"/>		<input type="text"/>		<input type="text"/>
Province		Region	Country	
<input type="text"/>		<input type="text"/>	<input type="text"/>	

Present address (if different from Permanent Address) **P.O. Box is not acceptable**

Unit no.	Floor	Building name	House/Building no.	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Barangay/District		City/Municipality		Postcode
<input type="text"/>		<input type="text"/>		<input type="text"/>
Province		Region	Country	
<input type="text"/>		<input type="text"/>	<input type="text"/>	

Source Fund			Target Fund	
Fund	Amount	Units	Fund	Percentage
Bond Fund	<input type="text"/>	<input type="text"/>	Bond Fund	<input type="text"/>
Balanced Fund	<input type="text"/>	<input type="text"/>	Balanced Fund	<input type="text"/>
Equity Fund	<input type="text"/>	<input type="text"/>	Equity Fund	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>	Other: _____	<input type="text"/>

Reminders:

1. You can choose the amount or number of units to switch.
2. A charge may be imposed on your transaction. Please refer to your policy contract for the applicable charges.
3. Minimum amount to switch from a source fund is PHP 10,000 or its equivalent units.
4. The account value of the source fund should not fall below Php 5,000 after the switch. Otherwise, the entire account value of the source fund will be moved to the target fund.

DECLARATIONS

1. All foregoing statements and exceptions (if any) are complete and accurate.
2. I have read and understood the important reminders indicated above.
3. **East West Ageas Life Insurance Corporation** will use the unit price on the next Pricing Date to sell units in my account/s upon approval of this application.
4. This application will not be effective until it has been officially received and approved by **East West Ageas Life Insurance Corporation**.

Signed at _____ this _____ day of _____ 20 _____

Printed name and signature of witness

Printed name and signature of Policyowner

Printed name and signature of irrevocable beneficiary

Printed name and signature of Assignee