



# Premium Reallocation Application Form

Policy No.

## Variable Life Application Form for Premium Reallocation

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

Owner

Life Insured

Title

Last name

First name

Middle name

Preferred name

Gender

Male  Female

Date of birth

M	M	D	D	Y	Y	Y	Y
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Place of Birth

Nationality

Marital status

- Single  Widow(er)  
 Married  Divorced or Annulled  
 Separated

SSS/GSIS number

TIN

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

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"/>	

**Premium Reallocation Percentage**

Fund	Percentage (%)
Bond Fund	<input type="text"/>
Balanced Fund	<input type="text"/>
Equity Fund	<input type="text"/>
Other : _____	<input type="text"/>
Other : _____	<input type="text"/>
<b>Total</b>	<b>100%</b>

**Reminders:**

1. Please indicate the corresponding percentage allocation for future premiums and payments. Please do not use decimal places and ensure that the the total percentage allocation equals 100%.
2. Please note that the minimum fund allocation per fund will be subject to the company's existing rules and guidelines. Each subsequent reallocation request in excess of two free Premium Reallocation instruction allowed per policy year shall be subject to applicable fees.
3. Changing the allotment for your future fund allocations will not affect the current units in your existing funds. This will be effected to all future regular premium payments.and top-up payments. Fund management charges vary across different funds.

**DECLARATIONS**

1. The request applied for is based on my own judgment and I have not relied on any advice provided by my TROO advisor
  2. All foregoing statements and exceptions (if any) are complete and accurate.
  3. I have read and understood the important reminders indicated above.
  4. **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.
  5. 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 irrevocable beneficiary

Printed name and signature of Policyowner

Printed name and signature of Assignee