East West Ageas Life Insurance Corporation
15th One World Place, 32nd Street, Bonifacio Global City, 1634 Taguig City, Philippines
Tel. +63 2 683 8766 | TIN: 009-156-012-000

Variable Life Application Form for Top Up Premium

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

Policy No.

Owner

Life Insured

Amount of Top Up Premium

Title

Last name

First name

Middle name

Preferred name

Gender

○ Male ○ Female

Date of birth

M M D D Y Y Y Y

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

Barangay/District | City/Municipality | Postcode

Province | Region | Country

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

Unit no. | Floor | Building name | House/Building no. | Street name

Barangay/District | City/Municipality | Postcode

Province | Region | Country

Top Up Premium

Bond Fund

Balanced Fund

Equity Fund

Other: _____

Other: _____

Reminders:

1. Minimum Top Up Premium requirement is Php 5,000.00
2. Top Up Premiums are subject to premium allocation charge and other policy charges as specified in your policy contract.
3. An amount equal to 125% of the Top Up Premium will be added to the Total Sum Insured of the above policy number.

Health Statement

Questions	Life Insured		Please give details of all "YES" answers to include symptoms of any disease, relevant date/s of treatment or confinement, diagnosis, treatment and results and names and addresses of attending physicians or hospitals.
	Yes	No	
1. Have you ever suffered or are you suffering from or have you consulted or been treated by a medical practitioner for any of the following:	☐	☐	
a) high blood pressure, chest pain, high cholesterol, stroke or any heart or vascular disorder?	☐	☐	
b) cancer, growth or tumor of any kind?	☐	☐	
c) any disease or disorder of the lungs or respiratory system, stomach or digestive system, kidneys or urinary system, liver or gall bladder, reproductive system, brain or nervous system, thyroid or endocrine system, or musculoskeletal system?	☐	☐	
2. Have you applied for any other insurance, change in plan or reinstatement of a policy, which has been declined, postponed or modified, or is currently pending? If yes, please give us the name of the company.	☐	☐	
3. Have you smoked tobacco or any other substance, used e-cigarettes, nicotine patches or nicotine replacement products within the last 12 months?	☐	☐	
If yes, please give substance and quantity per day or per week:			

Questions	Life Insured Yes	No	Please give details of all "YES" answers to include symptoms of any disease, relevant date/s of treatment or confinement, diagnosis, treatment and results and names and addresses of attending physicians or hospitals.
4. Has there been any change in your occupation?	☐	☐	
5. Has there been any death or illness among immediate members of your family?	☐	☐	
6. Are you in good health and free from all diseases, deformities and abnormalities?	☐	☐	
7. Current height _____ Current weight _____			
8. If female applicant, are you pregnant? If yes, how many months? _____ If no, when was your last menstrual period (LMP) ? _____	☐	☐	

DECLARATIONS

I understand and agree to the following:

1. All foregoing statements and exceptions (if any) are complete and accurate.
2. **East West Ageas Life Insurance Corporation** reserves the right to require any medical evidence to assess the health of the Life Insured.
3. **East West Ageas Life Insurance Corporation** will use the price on the next Pricing Date to buy units in my account/s upon approval of my application.
4. Should I decide not to take-up this application under the standard or revised terms offered by **East West Ageas Life Insurance Corporation**, the amount refundable to me shall be determined by **East West Ageas Life Insurance Corporation**, after taking into account the contribution paid and medical fees incurred, if any, in underwriting this application. If **East West Ageas Life Insurance Corporation** declines this application, the top-up contribution will be refunded to me in full.
5. This application will not be effective until it has been officially received and approved by **East West Ageas Life Insurance Corporation** shall have the right to declare this application and the corresponding endorsement null and void.
6. If within two (2) years from this application, any foregoing statements and exceptions are found to be untrue in any respect, **East West Ageas Life Insurance Corporation** shall have the right to declare this appplication null and void.

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