FWD insurance

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Investment Change Form

Policy Number | | | | | | | | | | FWP/FSC Code | | | | | | | | |

Please fill in block letters and tick appropriate boxes and circles. Requests received by FWD service counters within the cut-off time of 2:00 PM will be processed within the day. Requests received beyond cut-off time will be processed the next business day.

1. Personal Data of Policy Owner (Your personal information in our database shall be updated based on the details you provide below.)

Name of Policy Owner

Title	First Name	Middle Name	Last Name	Ext Name

Date of Birth (mm/dd/yyyy)	Place of Birth	Country of Birth	Nationality

Preferred Mailing Address: ○ Email ○ Residence ○ Business/Office

No. and Street	Barangay/Subdivision	
Municipality, Town/City	Province/Country	Zip Code
Email Address	Note: Hardcopy of notices will only be sent if preferred mailing address is Residence or Business/Office.	

Contact Information (Country Code) (Area Code) (Telephone/Mobile Number) ex: (63)(43)765-4321

○ Residence Telephone Number	
○ Business/Office Telephone Number	
○ Mobile Phone Number	

2. Service Request/s

A. ☐ Ad Hoc Top-Up Top Up Amount: ○ PHP ○ USD _____

Allocation for this top-up should be indicated below. Investment percentage should total to 100%. This allocation will only be applied to this top-up. If you wish to apply this new allocation to future premiums, please fill out Change Fund Allocation section.

Fund name	Fund Code	Percentage
		%
		%
		%
		%

Please indicate Source of Funds _____

Note: 1) Fund amount to be invested shall be net of charges. 2) Additional top ups may be subject to underwriting. 3) This form should have the proper endorsement and approval of FWD before considering the top-up as valid. 4) Please note the maximum and minimum adhoc top-up for each product.

B. ☐ Change Premium Allocation

Fund Name	Fund Code	Percentage
		%
		%
		%
		%

Note: This change in allocation will not affect the existing units of each of your fund and will be applied only on your future premiums and top-up payments. Fund Allocation must be divisible by 1.

C. ☐ Fund Switch

Your instruction to switch funds may be made in terms of ONE of the following: PERCENTAGE, NUMBER OF UNITS, or AMOUNTS.

Switch Out (indicate Fund Name)	Fund Code	Percent/Units/ Amount	Switch In (indicate Fund Name)	Fund Code	Percent/Units/ Amount

Note: The switching in terms of amount shall be an estimate depending on the fund price as of the switch date and minimum maintaining balance per fund. While the policy is in force, fund units may be switched (or transferred) to another fund provided that: 1) The amount to be transferred must not be less than the minimum amount determined by FWD and at least equal to the minimum allocation percentage in each fund. 2) Fund Switch is subject to charges if applicable. 3) Immediately after the switch, the Total Account Value must not be less than the minimum amount as specified by FWD from time to time; otherwise, the Owner must withdraw the Total Account Value. 4) The switching between funds will be subject to any other administrative rules determined by FWD from time to time.

Policy Number: _____

3. U.S. Tax Declarations

1. Are you a citizen, taxpayer, passport holder or green card holder of the U.S. or were born in the U.S.? ○ Yes ○ No

If yes, please provide a copy of your IRS W-Form and the below information:
- U.S. I.D. / Passport no. / Green Card No.
- U.S. Tax Identification Number / Social Security Number
- U.S. Permanent residence address

2. For Corporate Accounts only:
Do you have a beneficial ownership holding 10% or more or any (direct or indirect) interest by a U.S. citizen, taxpayer, resident or entity? ○ Yes ○ No

4. Data Protection

FWD has appointed a Data Protection Officer to handle any inquiries relating to your personal information. If you would like to obtain a copy of the FWD Life Insurance Corporation Personal Data Policy and Practices, please write to the Corporate Data Protection Officer at 19/F, W Fifth Avenue Bldg., 5th Avenue cor. 32nd Street, Bonifacio Global City, Taguig City 1634, Philippines.

5. Declaration

I UNDERSTAND AND CONFIRM THAT:

1. The information I have provided above and in any supporting documents and/or records (collectively defined as this 'Form') are true and complete and shall form part and be the basis of the assessment of this request and approval. I understand that providing false, inaccurate or incomplete information may result in my transaction request being denied and shall give FWD the right to cancel the Policy, repudiate the claim or forfeit all payments to be made.
2. I understand that my request (if applicable) for policy change, reinstatement, or addition of coverage/rider which requires evidence of insurability shall not take effect unless duly approved by FWD and any required payment for the transaction request is paid in full. I further understand that the Incontestability and Suicide Exclusion provisions in the Policy shall apply and the period stated thereunder shall run upon FWD's approval of the request for reinstatement, increase or decrease of sum insured or rider.
3. I have fully disclosed all of my citizenships, tax status, residencies, relevant taxpayer identification numbers and agree to notify FWD within thirty (30) days of any changes to the above information. For the purposes of ensuring continued compliance, FWD may request information and/or documents from me including completed, executed and, if necessary, notarized tax declarations or forms.
4. I authorize FWD to disclose my personal and financial information to any government or tax authority (within or outside the Philippines) for the purposes of ensuring FWD's continual compliance with applicable laws, regulations, guidelines and good market practices. I also agree that FWD has the right to require any of my beneficiaries, claimants, assignees and/or payees to:
   a. provide FWD with their respective personal and financial information;
   b. sign and submit such documents as FWD may reasonably require; and
   c. authorize FWD to disclose such personal and financial information to relevant Filipino and/or foreign government and/or tax authorities.
5. The amounts invested in my policies have been declared to the relevant government and tax authorities (within or outside the Philippines) and none were derived, directly or indirectly, from illegal or unlawful activities and sources or from tax evasion. I authorize FWD to withhold payment of any amounts due to myself, my beneficiaries, claimants, assignees and/or payees if required by any relevant government or tax authorities (within or outside the Philippines).

Place of Signing: _____ Date: m m / d d / y y y y

Policy Owner's Signature over Printed Name	Irrevocable Beneficiary	Assignee *(if policy is assigned)*	FWP/FSC/Witness

Note: (1) If there is more than one irrevocable beneficiary or assignee, indicate signatures at the back of the form. (2) This section must be signed by the Policy Owner, the assignee, and all irrevocable beneficiaries, if any. If any of the irrevocable beneficiary/ies is below 18 years of age or predeceased, additional documents will be required. (3) If this form will be signed outside the Philippines, please have the form authenticated by the nearest Philippine Embassy or Consulate in your locality. (4) The witness should be a disinterested adult person.

Please do not sign on a blank form.