

L. CHANGE OF RIDER: *Note: For any change of riders, please submit a new Sales Illustration Form. Additional rider/s is subject to company approval and is processed upon submission of a Health Statement Form.*

	Name of Rider	Rider Coverage
<input type="radio"/> Delete Rider	_____	_____
<input type="radio"/> Add Rider	_____	_____

POLICY NUMBER: _____

M. CHANGE OF PLAN: To: _____ *Note: Change of Plan is subject to Company approval and is processed*

N. CHANGE BENEFICIARY/IES *Please indicate the complete list of your intended beneficiaries. Upon written confirmation by FWD, this will supersede any previous designati*

IRR	REV	PRIM	CON	Name (Last, First, MI)	Date of Birth	Gender	Relationship	Place of Birth	Nationality	Contact No.	Email Address	Share %
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____ %
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____ %
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____ %
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____ %

Note: Please use extra sheet if space provided is not enough Address: _____

O. UPDATE SIGNATURE: *Note: Please submit copy of valid ID bearing updated signature.*

_____	_____	_____
Previous Signature	Current Signature	Current Signature

P. EXTENSION OF GRACE PERIOD:
 I request for a 31-day extension of the Grace Period on my quarter/semi-annual/annual premium due. Due Date :

m	m	d	d	y	y	y	y

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 Premium due: _____
 This extension is a special privilege offered to the Policy Owner once every policy year. The next extension may be requested not earlier than:

m	m	d	d	y	y	y	y

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P. OTHER SERVICE REQUEST:

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:
 Is the corporation or entity a U.S. corporation or entity? Yes No

4. Declaration

I UNDERSTAND AND CONFIRM THAT:

- 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.
- 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.
- 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.
- 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).

5. Data Privacy and Consent Declaration

By signing and submitting this Form to FWD, I expressly consent to the following:

- a. FWD may collect, use, and store the information provided in this Form to process my request and to service my policies. These shall also be used to update and/or form part of my existing account information and may further be processed and shared for underwriting, reinsurance, policy issuance and administration, claims adjudication, data analytics, historical and scientific research, profiling, risk management, enhancement of products and services, identity verification, protection against fraud, and to comply with legal, regulatory, or contractual requirements. I acknowledge that in certain instances, my information may be processed through automated means.
- b. I understand that FWD reports to its parent company located in Hong Kong and may engage third-party service providers and partners who, in some instances, may be located outside the Philippines. As necessary, my personal and policy information may be processed, shared, stored, and be subject to the laws of these foreign jurisdictions. FWD and its affiliates (FWD Group), third-party service providers and partners, are required to protect the confidentiality of my personal information in a manner consistent with data protection principles.
- c. I authorize FWD to disclose my personal and financial information to FWD Group and any government or tax authority (within or outside the Philippines) for the purposes of ensuring FWD's and FWD Group'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:
 - i. provide FWD with their respective personal and financial information;
 - ii. sign and submit such documents as FWD may reasonably require; and
 - iii. authorize FWD to disclose such personal and financial information to relevant Filipino and/or foreign government and/or tax authorities.
- d. FWD may contact me to request or clarify information to process this application, send me policy information, and perform other relevant activities to service my policies.
- e. To ensure FWD's continued service where my servicing intermediary, agent or Financial Solutions Consultant (FSC), is no longer connected with FWD, I authorize FWD to assign and inform me of my new servicing intermediary, who shall have access to my data for purposes of serving my policy/ies.
- f. By providing the personal information my insured and/or beneficiaries, I confirm that I have properly obtained their consent for the collection and processing of their personal information.

Privacy Policy:

Your privacy is a priority for FWD. The Company keeps your personal information about you and the products and services you have with us in confidence. For more information and copy of our Privacy Policy, kindly visit our website at <https://www.fwd.com.ph/en/privacy-policy/>. You may also email our Data Protection Office at dataprotection.ph@fwd.com for any privacy concerns related to your personal information provided to us.

Place of signing _____

Date:

m	m
d	d

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v	v	v	v
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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.