

Investment Change Form

Policy Number

Agent Code

Please fill in block letters & 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 said cut-off may be processed the next day.

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

Title	Last Name	First Name	Ext Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Information:		Country Code	Area Code	Telephone/Mobile Number
<input type="radio"/> Residential Telephone Number		(<input type="text"/>)	(<input type="text"/>)	<input type="text"/>
<input type="radio"/> Business/Office Telephone Number		(<input type="text"/>)	(<input type="text"/>)	<input type="text"/>
<input type="radio"/> Mobile Phone Number		(<input type="text"/>)	(<input type="text"/>)	<input type="text"/>
Preferred Mailing Address:		<input type="radio"/> Email	<input type="radio"/> Business/Office	<input type="radio"/> Residence
E-mail Address				<i>If you want to receive notices through e-mail, please be advised that NO hardcopy will be sent to your residence or office.</i>
<input type="text"/>				
No. and Street		Barangay/Subdivision		
<input type="text"/>		<input type="text"/>		
Municipality/Town/City		Province/Country		Zip Code
<input type="text"/>		<input type="text"/>		<input type="text"/>

2.) Service Request/s

Adhoc 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
		%
		%
		%
		%

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.

Change Fund 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.

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) The switching between funds will be subject to any other administrative rules determined by FWD from time to time.*

3.) Affirmation Section

The amounts invested have been declared to relevant tax authorities and none of it was derived, directly or indirectly, from illegal activities or sources and/or tax evasion. If required by the proper tax and/or other governmental authorities, FWD may, in its discretion, disclose certain information about me/us or about my policy.

I represent that I am NOT a U.S. citizen, U.S. person, U.S. passport holder, or Green Card holder for purpose of U.S. federal income tax and that I am not acting for or on behalf of a U.S. citizen or Green Card holder. If yes, please provide details below: If my tax status changes and I become a U.S. citizen or Green Card holder, I will notify FWD within thirty (30) days. (This clause is not applicable to US citizens or green card holders.)

U.S. Permanent residence address : _____

U.S. I.D./Passport No./Green Card No. : _____

U.S. Telephone No. : () ()

Country Code Area Code Telephone Number

I/We hereby agree that should above request be approved by FWD, such request shall, from the date of such approval, amend the relevant Policy provisions in accordance with its terms.

Place Signed _____ Date: ^m / ^d / ^y ^y ^y ^y

Policy Owner's Signature over Printed Name Irrevocable Beneficiary Assignee Agent/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 beneficiaries is below 18 years of age or has passed away, additional documents will be required. (3) If this form will be signed outside the Philippines, please have the form authenticated by the nearest Philippine Consul in your locality. (4) The witness should be a disinterested adult person.

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.

PLEASE DO NOT SIGN ON A BLANK FORM.