	INVESTMENT CHANGE FORM
LIFE ASSURANCE CORP.	15th Floor Ayala Life - FGU Center, 6811 Ayala Avenue, Makati City
A subsidiary of Philam Life and an attiliate of BPI BSE Code	
	POLICY NUMBER
NOTE: Fill out $\Box$ with block letters. Put $\boxtimes$ on the tick boxes representing options.	
PART I - CONTACT INFORMATION UPDATE	ation
I agree to update my contact information records with BPI-Philam based on the details in this set LAST NAME Telephone	
FIRST NAME Nobile Phone + 6	/ (044) 123-4567
MIDDLE NAME E-Mail Addre	+63-900-1234567
Preferred Mailing Address: Residence Office	t to receive e-notices in lieu of hard copy billings, accomplish the E-Notice Enrollment Form.
House / Building / Lot No., Name of Street	
District City P	rovince Zip Code
PART II - REQUESTED TRANSACTION/S	
TOP UP Top Up Amount:	
Allocation percentage should add up to 100%. This refers to this transaction only. Fund name Percentage Fund name Percentage	Fund name Percentage Fund name Percentage
%	%
Note: Please be reminded that: 1) Allocated fund amount to be invested shall be net of premium charge. 2) Unless in your policy provided it satisfies the minimum requirement per fund. 3)Additional top-ups may be subjected to transaction should have the proper approval of the Company before rendering the top-up payment.5) Fund manage corresponding fund manager and fund management charge can be found at the back of this form, but some of these these subjects and the source of the sourc	o underwriting and future changes in cost of that may affect the account value . 4) This ers and fund management charges vary accross different funds. A list of the funds and their
CHANGE FUND ALLOCATION Allocation:	
Fund name Percentage Fund name Percentage	Fund name Percentage Fund name Percentage %
Note: This change in allocation will not affect the existing units of each of your fund and will be applied only on your vary accross different funds. A list of the funds and their corresponding fund manager and fund management charge available for your policy.	
FUND SWITCH Your instruction to switch funds may be made in terms of ONE of the following: Percentage, Amount,	or Number of Units.
Percentage Amount Number of Unit	s From To
%	
%	
%	
%	
Note: While the policy is in force, fund units may be switched (or transferred) to another fund provided that: 1)The ai	mount to be switched/transferred must not be less than the minimum amount determined by
the Company and at least equal to the minimum allocation percentage in each fund. 2)The number of units to be s funds will be subject to any other administrative rules determined by the Company from time to time. Fund manage corresponding fund manager and fund management charge can be found at the back of this form, but some of these	witched will be determined by the unit price of the receiving fund. 3)The switching between rs and fund management charges vary accross different funds. A list of the funds and their
PART III - SIGNATURE	
I/We hereby agree that should above request be approved by the Company, such request shall, fr approved the Policy to which the request refers.	om the date of such approval, amend in accordance with the terms thereof so m m d d y y y y
Place Signed	Date: / / /
Owner's Signature over Printed Name Irrevocable Beneficiary PLEASE DO NOT SIGN ON A BI	Assignee BSE / Witness ANK FORM.

TOP UP

## REMINDERS

You may pay additional top-up payment to increase your investment account. Please accomplish this portion and indicate the name of your chosen funds and the amount or percentage of your payment you wish to place in each fund.

CHANGE FUND ALLOCATION

You may change your existing fund allocation instruction. This will not affect the existing units of each of your fund and will be applied only on your future premiums and top-up payments.

Please indicate the name of your chosen funds and percentage of your premium to be allocated to each of your chosen funds in this section.

FUND SWITCH

While the policy is in force, fund units may be switched (or transferred) to another fund provided that:

- 1) The amount to be switched/transferred must not be less than the minimum amount determined by the Company and at least equal to the minimum allocation percentage in each fund.
- 2) The number of units to be switched will be determined by the unit price of the receiving fund.
- 3) The switching between funds will be subject to any other administrative rules determined by the Company from time to time.

## FUND MANAGER AND FUND MANAGEMENT CHARGES

The Fund Management Charge (FMC) covers the expenses and other liabilities in managing the assets in the investment fund. It is deducted from the Net Asset Value of the Investment Fund as shown below. But some of these enumerated funds may not be available for your policy.

Fund	Fund Manager	Fund Management Charge
BPI-Philam Peso Bond Fund	BPI Investment Management Inc. (BIMI)	1.50% per annum
BPI-Philam Equity Index Fund	BPI Investment Management Inc. (BIMI)	1.50% per annum
BPI-Philam Growth Fund	BPI Investment Management Inc. (BIMI)	2.00% per annum
BPI-Philam Odyssey Bond Fund	BPI-Asset Management & Trust Group (AMTG)	1.00% per annum
BPI-Philam Odyssey High Conviction Equity Fund	BPI-Asset Management & Trust Group (AMTG)	2.50% per annum
BPI-Philam Odyssey Balanced Fund	BPI-Asset Management & Trust Group (AMTG)	1.50% per annum
BPI-Philam US Dollar Bond Fund	BPI-Asset Management & Trust Group (AMTG)	0.50% per annum
BPI-Philam Global Equity Fund	BPI-Asset Management & Trust Group (AMTG)	1.50% per annum
	BPI-Asset Management & Trust Group (AMTG)	1.25% per annum
BPI-Philam Odyssey Asia Pacific High Dividend Equity Fund	BPI-Asset Management & Trust Group (AMTG)	1.75% per annum

## SIGNATURE

This request must be dated, place of signing indicated and must be signed by the Policy Owner and the irrevocable beneficiaries.

Witness portion must be duly signed by a third party of legal age.

GENERAL REQUIREMENTS

Policy Owner's Identification Cards

Irrevocable Beneficiary's Identification Cards

Please see additional requirements below for special circumstances:

Policy Owner is abroad - current Special Power of Attorney duly authenticated by the Philippine Consul is required, authorizing the attorney-in-fact to execute the request.
For representative of the Policy Owner- This may be submitted by the representative of the Policy Owner provided, it is originally signed by the Policy Owner himself and a photocopy of the Policy Owner's valid ID is presented.

• If the Owner or Assignee is a corporation, an officer of the corporation must sign for the corporation on the form, and this must be accompanied by a Corporate Secretary's Certificate and Board Resolution authorizing the change in this policy and giving the executing officer authority to sign this request on behalf of the corporation.

## TO BE FILLED BY BPI PHILAM PERSONNEL

If witnessed by a BSE, indicate if:	Original Reinstating	BSE Signature
	Assisting/Servicing/Transferred	BSE Code:
Received By	Date	Documents submitted together with this application:
Branch/Office		
Processed By	Date	
Branch/Office		
Approved By	Date	
Branch/Office		