



HEAD OFFICE: MAKATI CITY, PHILIPPINES

NEW POLICY NUMBER

POLICY OR LIFE INSURED'S
GROUP NO. FULL NAME

LIFE INSURED'S DATE OF (nearest
OCCUPATION BIRTH AGE birthday) SEX Male Female

THE INSURANCE BEING CONVERTED IS CONTAINED IN

- Individual Term Policy
- Supplemental Term Benefit Provision
- Family Income Benefit Provision
- Mortgage Redemption Benefit Provision
- Decreasing Term Benefit Provision
- Guaranteed Insurability Benefit Provision
- Group Term Policy (Complete following (a), (b) and (c))
 - (a) Employer or policyholder's full name
 - (b) Certificate Number
 - (c) Date of termination of employment or membership day month year

THE CONVERSION IS

- TOTAL To be continued dropped
- PARTIAL Unconverted amount

PARTICULARS RELATING TO THE NEW POLICY

<p>1. FACE AMOUNT OF THE NEW POLICY</p> <p>2. PLAN</p> <p>3. DIVIDEND OPTION ELECTED, IF PARTICIPATING:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Leave on deposit at interest <input type="checkbox"/> Towards premium payment <input type="checkbox"/> Purchase paid-up additions <input type="checkbox"/> Bonus Protection <input type="checkbox"/> Pay in cash <p>4. SUPPLEMENTARY BENEFITS DESIRED *</p> <ul style="list-style-type: none"> <input type="checkbox"/> Total Disability Premium Waiver (It is agreed that the life insured is not totally disabled) <input type="checkbox"/> Accidental Death _____ Amount <input type="checkbox"/> Other (Describe fully) _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <p>5. THE POLICY IS TO DATE FROM _____</p> <p>Note: This date should correspond to the Premium Due Day of the original policy.</p> <p>6. PREMIUM INTERVAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> Annual <input type="checkbox"/> Semi-annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly IF MONTHLY, <input type="checkbox"/> Monthly Regular <input type="checkbox"/> Monthly Payroll Deduction Payroll No. <p>7. IS THE NEW POLICY TO BE OWNED BY THE LIFE INSURED?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, complete question 8) <p>8. * OWNER OF THE NEW POLICY (State full name and relationship to life insured)</p> <p>9. In case of premium default, apply cash surrender value to any one of the following options</p> <ul style="list-style-type: none"> <input type="checkbox"/> Premium Loan <input type="checkbox"/> Reduced Paid-up Insurance <input type="checkbox"/> Extended Term Insurance 	<p>10. ADDRESS (Please give Number, Street, City, Province and Zip Code)</p> <p>Residence :</p> <p>Business Office :</p> <p>Mailing Address: <input type="checkbox"/> Residence <input type="checkbox"/> Business</p> <p>Telephone Nos.: Residence Business/Office</p> <p>11. THE BENEFICIARY/IES</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Revocable</td> <td>Relationship to</td> </tr> <tr> <td><input type="checkbox"/> Irrevocable</td> <td>Age Life Insured</td> </tr> </table> <p>Primary</p> <p>Contingent</p> <p>Trustee for minor beneficiary/ies</p> <p>12. Is the policy being converted presently assigned or is any assignment or release of assignment presently being processed? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes give date and particulars)</p> <p>13. DEPOSIT PAID <input type="checkbox"/> Cash <input type="checkbox"/> Check</p> <p><input type="checkbox"/> Other Amount</p> <p>Provisional Receipt/O.R. No. Date</p>	<input type="checkbox"/> Revocable	Relationship to	<input type="checkbox"/> Irrevocable	Age Life Insured
<input type="checkbox"/> Revocable	Relationship to				
<input type="checkbox"/> Irrevocable	Age Life Insured				

IT IS DECLARED AND AGREED THAT: (1) On the date specified in item 5 above, the insurance being converted will be cancelled and, except as provided in item 5 of this agreement, the new policy will become effective. (2) Any assignment now in force relating to the insurance being converted will apply in like manner to the new policy. (3) Acceptance of any policy issued in response to this application will constitute agreement to its terms and conditions and ratification of any changes specified by the Company in the policy. (4) Subject to the provisions of the policy, the Owner,

without the consent of beneficiary, can change the beneficiary designation, receive every benefit, assign the policy and exercise every right and privilege conferred by the policy or allowed by the Company. If any supplementary benefit requiring evidence of insurability is applied for, IT IS DECLARED AND AGREED ALSO THAT: (5) The supplementary benefit will not become effective until the new policy is delivered to and accepted by the Owner and the first premium is paid, during the life insured's lifetime and continued insurability under the Company's rules.

Signed atthisday of 20

Witness * Signature of life insured

Witness * Signature of Owner of insurance being converted if
..... other than life insured

Witness * Signature of Owner of new policy
..... if other than life insured

Witness * Signature of Collateral assignee's

Witness * Signature of irrevocable beneficiary

A. SIGNATURES NEEDED.

1. The signature of the present policyowner is needed for all conversions except Group Term. N.B. – The policyowner is (a) the life insured under a Two Party policy which has not been absolutely assigned, or (b) the Owner(s) under a Third Party policy which has not been absolutely assigned or (c) the assignee if the policy has been absolutely assigned. N.B. – The life insured does NOT need to sign if he is NOT the policyowner unless the risk is being increased by the addition of supplementary benefits. For a Group Term conversion, the signature of the insured employee is required.
2. The signature of the Owner of the new policy is required (i.e. if other than the Owner of the insurance being converted).
3. The collateral assignee's signature is also needed, if the policy has been assigned as "Collateral Security", e.g. to a Bank.
4. Irrevocable beneficiaries must sign for any reduction of the face amount or for cancellation of some Family Income, Decreasing Term (Mortgage Redemption), Supplemental Term, etc., unless the amount dropped is being fully converted for their benefit. N.B. – In a change to "Endowment" or "Life Income", any "irrevocable" beneficiary must join with the policyowner in designating to whom the proceeds are to be paid both before and on the endowment date.

B. COMPLETING THE APPLICATION IF THE OWNER IS OTHER THAN THE LIFE INSURED:

See instructions in the Rate Manual.

C. BENEFITS:

1. **DISABILITY.** If the original policy included Disability Waiver, this benefit can be included in the new policy without evidence of insurability provided the new policy is a Life plan with premiums payable for 25 or more years, and the life insured is not then totally disabled. If the original policy did not include this benefit, and in the case of a Group Term policy, evidence of insurability will be required.
2. **ACCIDENTAL DEATH.** If the Individual Term policy included Accidental Death for the same amount, it can be included in the new policy without evidence of insurability. In any other case, including a Group Term conversion, evidence of insurability will be required.
3. **OTHER BENEFITS.** If any other benefit is added at conversion, evidence of insurability will be required.

Agent's name and agent's code

Agent's PTR #