

Policy No.

POLICY AMENDMENT FORM

INFORMATION PERTAINING TO THE POLICYOWNER

Change of name _____

Reason: Marriage Separation Court Order Others (pls. specify) _____

Note: Please attach copy of pertinent documents

Change of nationality _____

Change of address *(Please check the box corresponding to the preferred mailing address)*

Home _____

Office _____

Alternate _____

Change of contact nos. and email address

Home _____ Office _____

Mobile _____ Fax _____

E-mail _____

Date of birth (mm/dd/yyyy) _____ Gender _____

INFORMATION PERTAINING TO THE INSURED

Change of name _____

Reason: Marriage Separation Court Order Others (pls. specify) _____

Note: Please attach copy of pertinent documents

Change of nationality _____

Change of address *(Please check the box corresponding to the preferred mailing address)*

Home _____

Office _____

Alternate _____

Change of contact nos. and email address

Home _____ Office _____

Mobile _____ Fax _____

E-mail _____

Date of birth (mm/dd/yyyy) _____ Gender _____

INFORMATION PERTAINING TO THE POLICY

Plan _____

Face amount *(accomplish a Declaration of Good Health and Insurability for increase)* _____

Mode of payment Annual Semi-annual
 Quarterly Monthly (only for policies with premiums on salary deduction)

For Traditional Policies Only

Premium default option ETI – Extended Term Insurance PL – Premium Loan
 RPU – Reduced Paid-up Insurance

Dividend option Paid in cash Accumulate with interest
 Applied towards premium Purchase Paid-up Additions

Settlement option (only for traditional policies with anticipated endowments)
 Paid in cash Left on deposit

Payment scheme Cash/check Auto-Debit*
**Accomplish required forms* Credit Card* Others _____

For Unit-Linked Policies Only

Premium Direction *(minimum percentage per chosen fund is 10%; the change will take effect on your next premium payment)*

Peso Fixed Income Fund	_____ %	Dollar Fixed Income	_____ %
Peso Equity Fund	_____ %	Dollar Flexi Asia Bond Fund	_____ %
Peso Balanced Fund	_____ %	Dollar Income and Growth Fund	_____ %
Peso Money Market Fund	_____ %	Dollar Global Equity Fund	_____ %
Peso Optimized Dividend Equity Fund	_____ %	Others	_____ %
Others	_____ %		

Premium *(accomplish a Declaration of Good Health and Insurability for increase in Premium)* _____

Supplementary Benefits *(Except for the Flexi-Fund Rider, addition of Supplementary Benefits requires the submission of a Declaration of Good Health and Insurability)*

Unit-Linked and Traditional

Rider	Face Amount
Accidental Death & Dismemberment (AD&D) <input type="checkbox"/> Add <input type="checkbox"/> Delete	_____

Traditional Only

Rider	Face Amount / Amount of Deposit (for FFR)
Accidental Death & Dismemberment (AD&D) <input type="checkbox"/> Add <input type="checkbox"/> Delete	_____
Accidental Death Benefit (ADB) <input type="checkbox"/> Add <input type="checkbox"/> Delete	_____
Waiver of Premium (WOP) <input type="checkbox"/> Add <input type="checkbox"/> Delete	_____
_____ Yr. Term Rider (TR) <input type="checkbox"/> Add <input type="checkbox"/> Delete	_____
Dread Disease Rider (DDR) <input type="checkbox"/> Add <input type="checkbox"/> Delete	_____
Payor's Benefit Rider (PBR) <input type="checkbox"/> Add <input type="checkbox"/> Delete	_____
Flexi-Fund Rider (FFR) <input type="checkbox"/> Add <input type="checkbox"/> Delete	_____
Others <input type="checkbox"/> Add <input type="checkbox"/> Delete	_____

INFORMATION PERTAINING TO THE BENEFICIARIES *(Beneficiary designation is revocable and all beneficiaries share equally unless otherwise specified. Beneficiaries below 18 years of age are advised to be designated as revocable. Use a separate sheet if necessary.)*

Additional Beneficiaries *(use additional sheet if necessary)*

Name _____ %Share _____
 Date of birth (mm/dd/yyyy) _____ Relationship to the insured _____
 Priority Primary Contingent Designation Revocable Irrevocable
 Address _____
 Contact nos. _____ Nationality _____

Name _____ %Share _____
 Date of birth (mm/dd/yyyy) _____ Relationship to the insured _____
 Priority Primary Contingent Designation Revocable Irrevocable
 Address _____
 Contact nos. _____ Nationality _____

Name _____ %Share _____
 Date of birth (mm/dd/yyyy) _____ Relationship to the insured _____
 Priority Primary Contingent Designation Revocable Irrevocable
 Address _____
 Contact nos. _____ Nationality _____

Name _____ %Share _____
 Date of birth (mm/dd/yyyy) _____ Relationship to the insured _____
 Priority Primary Contingent Designation Revocable Irrevocable
 Address _____
 Contact nos. _____ Nationality _____

Beneficiaries for Deletion

Name _____
 Date of birth (mm/dd/yyyy) _____ Relationship to the insured _____

Name _____
 Date of birth (mm/dd/yyyy) _____ Relationship to the insured _____

Name _____
 Date of birth (mm/dd/yyyy) _____ Relationship to the insured _____

Trustees *(only if preferred over parental guardian)*

Beneficiary _____

Trustee _____

Date of birth (mm/dd/yyyy) _____ Relationship to the beneficiary _____

Beneficiary _____

Trustee _____

Date of birth (mm/dd/yyyy) _____ Relationship to the beneficiary _____

Beneficiary _____

Trustee _____

Date of birth (mm/dd/yyyy) _____ Relationship to the beneficiary _____

Changes in Beneficiary Information *(Attach supporting documents for changes in name, date of birth and nationality)*

Name _____ % Share _____

Date of birth (mm/dd/yyyy) _____ Relationship to the insured _____

Priority Primary Contingent Designation Revocable Irrevocable

Address _____

Contact nos. _____ Nationality _____

Name _____ % Share _____

Date of birth (mm/dd/yyyy) _____ Relationship to the insured _____

Priority Primary Contingent Designation Revocable Irrevocable

Address _____

Contact nos. _____ Nationality _____

Name _____ % Share _____

Date of birth (mm/dd/yyyy) _____ Relationship to the insured _____

Priority Primary Contingent Designation Revocable Irrevocable

Address _____

Contact nos. _____ Nationality _____

Name _____ % Share _____

Date of birth (mm/dd/yyyy) _____ Relationship to the insured _____

Priority Primary Contingent Designation Revocable Irrevocable

Address _____

Contact nos. _____ Nationality _____

The policyowner represents that the above statements are true and complete and that all exceptions have been stated. Furthermore, the policyowner agrees that the above changes shall be an amendment to and form part of the original application and of the policy issued thereunder, if any, and they shall be binding on any person who shall have or claim any interest under such policy.

I hereby expressly authorize Allianz PNB Life Insurance, Inc. to obtain, collect, record, organize, store, update, modify, use, share, transfer, disclose and/or destroy ("process"), whether manually or via electronic channels, any and all information, including personal and sensitive information, about me, the life insured, and/or my policy/ies, to 1) facilitate, monitor, and improve the quality of my policy/ies and such services availed of by me, through programs including but not limited to customer satisfaction surveys, offer of related products and services, and statistical, actuarial and risk analyses, and to 2) comply with legal or regulatory obligations of Allianz PNB Life Insurance, Inc. under applicable local or foreign laws, rules and regulations relating to matters including but not limited to anti-money laundering and tax monitoring/review/reporting. I also expressly authorize Allianz PNB Life Insurance, Inc. to share, transfer and/or disclose the said information to any of its intermediaries, branches, subsidiaries, affiliates, service providers, partners and government agencies for the said purposes. I likewise promise to inform Allianz PNB Life Insurance, Inc. of any changes relating to my personal information.

Signed at _____ this _____ day of _____ 20 _____ .

Printed name and signature of witness

Printed name and signature of Policyowner

Printed name and signature of irrevocable beneficiary

Printed name and signature of irrevocable beneficiary