

UNIT-LINKED APPLICATION FOR FUND SWITCHING

Policy No.

Policyowner _____ Insured _____

FUND SWITCH DETAILS

	Switch from		Switch to	
Fund Name	Indicate amount or percentage	Fund Name	Indicate amount or percentage	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Reminders:

1. You can choose the amount or percentage you wish to switch.
2. A charge may be imposed on your transaction. Please refer to your policy contract for the applicable charges.
3. Minimum amount to switch from a unit account source is PHP 10,000 / USD 200.
4. The account value of the unit account source should not fall below PHP 10,000 / USD 200 after the switch. Otherwise, the entire unit account source will be moved to the chosen unit account destination.
5. If there is an irrevocable beneficiary, said beneficiary's signature is required. If the irrevocable beneficiary is a minor, the Judicial Guardian shall sign for him/her and letters of Guardianship and a Court Order authorizing the surrender must be presented.
6. If the assignee is a corporation, an officer of the corporation must sign for the corporation and this form must be accompanied by a certified true copy of the Board of Directors resolution authorizing the surrender and giving the executing officer the power to sign on behalf of the corporation.

Declarations

I fully understand and agree that this authorization shall be on a continuing basis and shall remain in full force and effect unless cancelled by the undersigned in writing or as determined by Allianz PNB Life Insurance, Inc.

By signing this Agreement/Authorization, I certify that all information contained in this form is accurate and I agree to inform Allianz PNB Life Insurance, Inc., in writing, of any change in the information provided or in my account status

That 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 to be 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 offer of related products and services, customer satisfaction surveys, and statistical, actuarial and risk analyses, and 2) to 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, 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.

I also understand that Allianz PNB Life Insurance, Inc. shall communicate with me primarily via electronic channels, i.e. email, SMS, and mobile and web applications. Policy contracts, official receipts and other similar documents will also be sent to me in electronic format if available.

- I prefer receiving communications from Allianz PNB Life Insurance, Inc. in paper format. I understand that the notices, disclosures, and similar documents received through mail and other non-electronic channels might be delayed and I will not hold Allianz PNB Life Insurance, Inc. responsible especially if the delay is due to circumstances beyond its control.
- I also expressly authorize Allianz PNB Life Insurance, Inc., to share, transfer and/or disclose my information to any of its subsidiaries, affiliates, and partners for offer for related products and services.

Signed at _____ this _____ day of _____ 20 _____.

Printed name and signature of Policyowner

Printed name and signature of Irrevocable Beneficiary/Assignee