

UNIT-LINKED APPLICATION FOR PARTIAL FUND WITHDRAWAL

IMPORTANT REMINDERS

What you should know about early full/partial withdrawal of your investment-linked policy

An insurance policy is intended to meet your long-term financial needs. Therefore, in fully or partially withdrawing a policy before its maturity date, you are losing valuable benefits. It may not be possible for you to obtain a similar level of protection on the same terms in the future.

Additional Charges/Fees

If you withdraw your investment-linked policy, fully or partially, and then buy a new investment-linked policy or other investment product, or top up on your existing investment-linked policy or other investment product, you will incur new charges. These may include:

Administration Charge

There could be a sales charge/withdrawal fee for each new policy / investment product.

Policy Fee

A policy fee is usually incurred for each policy.

Fund Switching Facility

When the fund you have bought is not meeting your initial or current investment objective, you may switch to other funds offered by the Company.

Changes in Terms and Conditions

Withdrawing your insurance policy for another policy could result in loss of specific policy features due to changes in age or health or engaging in a hazardous occupation/avocations

Policyowner/Trustee/Assignee's Acknowledgment

Were you advised by a Servicing Intermediary to withdraw this policy? Yes No

If "yes", please ask your Servicing Intermediary to complete the "Servicing Intermediary's Acknowledgment" below.

TERMS AND CONDITIONS

1. A withdrawal charge may be imposed on your transaction. Please refer to your policy contract for the applicable charges.
2. Minimum withdrawal is PHP 10,000 or \$ 200.
3. The account value of the fund source should not fall below Php 10,000 or \$ 200 after the withdrawal, otherwise the entire account value will be returned.

FOR SERVICING INTERMEDIARY ONLY

Servicing Intermediary's Acknowledgment

"I have explained to the Policyowner/Trustee/Assignee the alternative options available and the implications of early withdrawal of this investment-linked policy." I have recommended the partial fund withdrawal for the following reasons:

Printed name and signature of servicing intermediary

Servicing intermediary's Code

Policy No.

Policyowner _____

Insured _____

Partial Fund Withdrawal
(indicate if in amounts, units or percentages)

Peso Funds	Withdrawal	Dollar Funds	Withdrawal
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	_____
Peso Multi Sector Equity Fund	_____		
Others	_____		

Reason for withdrawal _____

Method of Payment Check – Uncrossed? Yes No
 Fund Transfer (accomplish Fund Transfer Agreement)
 * Note: Crossed checks and fund transfers will require an existing account held by the Policyowner in the same currency

Declarations

I understand and agree to the following:

1. All foregoing statements and exceptions (if any) are complete and accurate.
2. I have read and understood the important reminders indicated above.
3. Allianz PNB Life Insurance, Inc. will use the price on the next Pricing Date to sell units in my account/s upon approval of this application.
4. This application will not be effective until it has been officially received and approved by Allianz PNB Life Insurance, Inc.

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 Assignee