

Policy No.

**UNIT-LINKED APPLICATION FOR FUND SWITCHING**

Policyowner/Payor \_\_\_\_\_  
 Insured \_\_\_\_\_

**FUND SWITCH DETAILS**

	Switch From		Switch To
Peso Funds	Indicate if in amounts, units or percentages	Peso Funds (please indicate name of fund)	Indicate if in amounts, units or percentages
Peso Fixed Income Fund	_____	_____	_____
Peso Equity Fund	_____	_____	_____
Peso Balanced Fund	_____	_____	_____
Peso Money Market Fund	_____	_____	_____
Peso Optimized Dividend Equity Fund	_____	_____	_____
Peso Multi Sector Equity Fund	_____	_____	_____
Others	_____	_____	_____
Dollar Funds	Indicate if in amounts, units or percentages	Dollar Funds (please indicate name of fund)	Indicate if in amounts, units or percentages
Dollar Fixed Income	_____	_____	_____
Dollar Flexi Asia Bond Fund	_____	_____	_____
Dollar Income and Growth Fund	_____	_____	_____
Dollar Global Equity Fund	_____	_____	_____
Others	_____	_____	_____

**Reminders:**

1. You can choose the amount, number of units, 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.

**Declarations**

I understand and agree to the following:

1. All foregoing statements and exceptions (if any) are complete and accurate.
2. **Allianz PNB Life Insurance, Inc.** will use the price on the next Pricing Date to buy units in my account/s upon approval of my application.
3. 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