

Policy No.

**UNIT-LINKED APPLICATION FOR TOP-UP CONTRIBUTION**

Policyowner/Payor \_\_\_\_\_  
 Insured \_\_\_\_\_  
 Amount of Top-up \_\_\_\_\_

**Top-Up Contribution Direction**

Peso Funds																
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	_____	%														
	<b>100</b>	<b>%</b>			<b>100</b>	<b>%</b>										

**Health Statement**

Questions	Life Insured		Please give details of all "YES" answers to include symptoms of any disease, relevant date/s of treatment or confinement, diagnosis, treatment and results and names and addresses of attending physicians or hospitals.
	Yes	No	
1. Have you had any illness, disease, injury or any abnormal bodily growth?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you consulted, been treated, operated on or confined in any hospital, clinic or institution?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have you applied for any other insurance, change in plan or reinstatement of a policy, which has been declined, postponed or modified, or is currently pending? If yes, please give us the name of company.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Has there been any change in your occupation?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Has there been any death or illness among immediate members of your family?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are you now in good health and free from all diseases, deformities and abnormalities?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Current height _____ Current weight _____			
8. If female applicant, are you pregnant? If so, how many months?	<input type="checkbox"/>	<input type="checkbox"/>	

**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. reserves the right to require any medical evidence to assess the health of the Life Insured.
3. 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.
4. Should I decide not to take-up this application under the standard or revised terms offered by Allianz PNB Life Insurance, Inc., the amount refundable to me shall be determined by Allianz PNB Life Insurance, Inc., after taking into account the contribution paid and medical fees incurred, if any, in underwriting this application. If Allianz PNB Life Insurance, Inc. declines this application, the top-up contribution will be refunded to me in full.
5. This application will not be effective until it has been officially received and approved by Allianz PNB Life Insurance, Inc.
6. If within two (2) years from this application, any foregoing statements and exceptions are found to be untrue in any respect, Allianz PNB Life Insurance, Inc. shall have the right to declare this application and the corresponding endorsement null and void.
7. 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 irrevocable beneficiary

\_\_\_\_\_  
 Printed name and signature of Policyowner  
 \_\_\_\_\_  
 Printed name and signature of Insured