PNB Life Insurance, Inc.

Policy No. | | | | | | | | | | |

UNIT-LINKED POLICY AMENDMENT FORM

Policyowner	Insured
POLICYOWNER	**INSURED**
Change of Name to Reason ☐ Marriage ☐ Separation ☐ Court Order ☐ Others (pls. specify) _____ **Note:** Please attach copy of pertinent documents	Change of Name to Reason ☐ Marriage ☐ Separation ☐ Court Order ☐ Others (pls. specify) _____ **Note:** Please attach copy of pertinent documents
Change of Address/Tel. Nos. ☐ Home ☐ Office	Change of Address/Tel. Nos. ☐ Home ☐ Office
Change of Billing Address ☐ Home ☐ Office	Change of Billing Address ☐ Home ☐ Office
Date of Birth	Date of Birth
AMEND	**TO**
Plan	
Mode of Payment	☐ Annual ☐ Semi-annual ☐ Quarterly ☐ Monthly
Premium Direction *(minimum percentage per chosen fund is 10%; the change will take effect on your next premium payment)*	Philippine Peso Fixed Income Fund _____% Philippine Peso Equity Fund _____% Philippine Peso Managed Fund _____% Dollar Fixed Income Fund _____%
Premium *(accomplish a Declaration of Good Health and Insurability for increase in Premium)*	
Sum Assured *(accomplish a Declaration of Good Health and Insurability for increase in Sum Assured)*	

SUPPLEMENTARY BENEFITS

	Sum Assured
☐ Addition ☐ Deletion	
☐ Accidental Death & Dismemberment (AD&D)	_____
☐ Others	_____

BENEFICIARIES

Beneficiary designation is revocable and all beneficiaries shall share equally unless otherwise specified. Those below 18 years of age can only be designated as revocable. Use back page if necessary.

Primary Beneficiaries

Add (A)/ Delete (D)	Name	Birthdate	Relationship to Insured	Designation

Contingent Beneficiaries

Add (A)/ Delete (D)	Name	Birthdate	Relationship to Insured	Designation

Trustee for Minor Beneficiaries
(only if orphaned or preferred over parental guardian)

Name	Birthdate	Relationship to Minor Beneficiary/ies

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

Signed at _____ this _____ day of _____ 20 _____ .

_____ Printed name and signature of witness	_____ Printed name and signature of Policyowner
_____ Printed name and signature of witness	_____ Printed name and signature of Insured
_____ Printed name and signature of irrevocable beneficiary	_____ Printed name and signature of irrevocable beneficiary