Amendment to Application

Important Note:

1. Insurance is a contract of utmost good faith and the Proposed Insured / Proposed owner is required to disclose ALL material facts to the insurer. All answers to the questions stipulated in this questionnaire are the basis of and are an inseparable part of the policy of insurance. In case of doubt as to whether a fact is material or not, the fact should be disclosed.

2. Please do not sign a blank form.

Personal details of Proposed Insured / Owner

Name of Proposed Insured:

Name of Proposed Owner:

Declaration by Proposed Insured/Proposed Owner

Change  ☐ Basic Plan  ☐ Sum Insured
From ________________ To ________________

☐ Add  ☐ Delete Rider/s
Rider _____________ Amount ______________
________________ Amount ______________

Change in  ☐ Premium Term  ☐ Maturity Term
From ________________ To ________________

Change  ☐ mode/  ☐ method of premium payment to:
Mode:  ☐ Annual  ☐ Semi- Annual  ☐ Quarterly  ☐ Monthly

Method:  ☐ Over the counter (not allowed for monthly)  ☐ ADA  ☐ B2P  ☐ Auto-charge

Change in Fund Allocation (for VLIP)

☐ Change in Fund Allocation (for VLIP)
Fund name ____________________________________
From ________________% to ________________%

Fund name ____________________________________
From ________________% to ________________%

☐ Change in Top-ups
☐ Add  ☐ Delete  ☐ Change
☐ Lump Sum Top-up  ☐ Regular Top-up
From ☐ USD  ☐ PhP ________ To __________

OTHER CHANGES AND DECLARATIONS of the  ☐ Proposed Insured  ☐ Owner
**Declaration**

I/ We hereby agree that this form together with the declarations herein shall form part of my application for life insurance with AXA Philippines and shall be the basis for issuance of an insurance policy. This document shall be binding on any person who shall have any claim or interest under such policy.

Also, I/we declare that I am/we are in the same state of health as when I/we signed the application for life insurance.

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td><strong>Signature of Over Printed Name of Proposed Insured</strong></td>
</tr>
<tr>
<td>(if different from Proposed Insured)</td>
</tr>
<tr>
<td><strong>Signature of Over Printed Name of Proposed Owner</strong></td>
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</tbody>
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