



**Insular**  
Life

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**FUND SWITCH AND  
PREMIUM REDIRECTION**

Policy No.
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**1. POLICY OWNER**

Prefix	Given Name	Surname	Suffix
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**2. I apply to change the proportions in which my regular premiums are to be invested (PREMIUM REDIRECTION):**

**I/WE HEREBY DECLARE AND AGREE THAT:**

- a) The new premium direction will be effective on the date this application is approved by Insular Life and payment of future premiums will be applied in accordance with my requested premium allocation.
- b) The latest premium redirection will be the basis for investing future premiums.

From	Amount or Percentage or Units	To	Amount or Percentage or Units
Balanced Fund	%	Balanced Fund	%
Equity Fund	%	Equity Fund	%
Fixed Income Fund (Peso/Dollar)	%	Fixed Income Fund (Peso/Dollar)	%
Growth Fund	%	Growth Fund	%
Select Equities Fund	%	Select Equities Fund	%
Money Market Fund (Peso/Dollar)	%	Money Market Fund (Peso/Dollar)	%
Guardian Fund	%	Guardian Fund	%
Others (please specify):	%	Others (please specify):	%

**3. I apply to transfer the value of the units credited to this Policy as indicated below (FUND SWITCH):**

**I/WE HEREBY DECLARE AND AGREE THAT:**

- a) I am entitled to one (1) free fund switch every policy year. To effect the fund switch, Insular Life will sell units from the source fund and buy units in the target fund/s in accordance with the policy contract provision on Buying and Selling of Units.
- b) The minimum amount that I/we can switch and the corresponding fund switch charges, if any, are subject to the guidelines set by the Company at time of application.
- c) This application will not be effective until it is officially received and approved by Insular Life.

From	Amount or Percentage or Units	To	Amount or Percentage or Units
Balanced Fund	%	Balanced Fund	%
Equity Fund	%	Equity Fund	%
Fixed Income Fund (Peso/Dollar)	%	Fixed Income Fund (Peso/Dollar)	%
Growth Fund	%	Growth Fund	%
Select Equities Fund	%	Select Equities Fund	%
Money Market Fund (Peso/Dollar)	%	Money Market Fund (Peso/Dollar)	%
Guardian Fund	%	Guardian Fund	%
Others (please specify):	%	Others (please specify):	%

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_.

_____ <b>POLICY OWNER</b> Printed Name and Signature	_____ <b>IRREVOCABLE BENEFICIARY/IES</b> Printed Name and Signature	_____ <b>WITNESS/AGENT</b> Printed Name and Signature	_____ <b>ASSIGNEE/S</b> Printed Name and Signature
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**FOR HOME/FIELD OFFICE USE ONLY**

RECEIVED BY: \_\_\_\_\_ Office: \_\_\_\_\_ Date & Time of receipt: \_\_\_\_\_ Secrets Number: \_\_\_\_\_  
Printed Name and Signature

APPROVED BY: \_\_\_\_\_ Office: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name and Signature