



PLAN AGREEMENT NUMBER	PLANHOLDER

AMENDMENT	PARTICULARS		
<input type="checkbox"/> Correction of Name <input type="checkbox"/> Correction of Date of Birth <input type="checkbox"/> Change of Status <input type="checkbox"/> Change of Occupation <input type="checkbox"/> Planholder <input type="checkbox"/> Primary Ben <input type="checkbox"/> Contingent Ben <input type="checkbox"/> Nominee Attach birth certificate, marriage contract or other legal documents.	Old Name: _____ Date of Birth : _____ New Name: _____ Occupation : _____ Civil Status: ( ) Single ( ) Married ( ) Widowed ( ) Separated Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> Plan Transfer Attach the New Business Plan Application form/s & GT form/s of the new client.	Old Planholder : _____ New Planholder : _____		
<input type="checkbox"/> Change in Beneficiary Designation <input type="checkbox"/> Addition of Beneficiary <input type="checkbox"/> Deletion of Beneficiary Assigned beneficiary must be related to the client. Indicate Last Name, First Name & Middle Name Attach birth certificate, marriage contract or other legal documents.	Old Primary	New Primary	Relationship
	Old Contingent	New Contingent	Relationship
<input type="checkbox"/> Deferred Nominee <input type="checkbox"/> Change Nominee Attach Nominee's birth certificate	Name	Birth Date	Relationship
<input type="checkbox"/> Change in Address/ Telephone Number/ E-mail address	_____		Tel. No.

1. Subject to the Data Privacy Act (RA 10173) and the corresponding banking/insurance regulations, I/we agree that the Company and/or its agents may process, obtain, collect, record, organize, store, update, modify, use, access, share and/or disclose ("Process"), information relating to me/us and/or my/our Plan(s) in order to (a) facilitate, monitor, improve the quality of, or otherwise service my account and such products, services, facilities and/or channels availed by me/us, and/or (b) to comply with legal, regulatory or other obligations of the Company under applicable local or foreign laws, rules and regulations (including but not limited to those relating to anti-money laundering, exchange of information among tax authorities, the United States Foreign Account Tax Compliance Act [FATCA] and/or common reporting standards) or as may otherwise be required by correspondent banks and/or financial industry bodies or associations, whether local or foreign. As used herein, the term "Company" shall include the parent BPI and its local or foreign branches, subsidiaries and affiliates (collectively, the BPI Group of Companies), and their respective agents, representatives and outsourced service providers and their respective outsourced providers under an obligation of confidentiality.

2. Represent and warrant that all such information and/or documentation provided to Ayala Plans are true, correct, and not misleading.

Printed Name & Signature of Planholder / Authorized Signatory (for Corporate Account)

Date