**Ayala Plans**

Education & Pension Program
# APPLICATION FOR PLAN AMENDMENT

| PLANNUMBER | PLANHOLDER | REGION |
|---|---|---|
| | | |

| AMENDMENT | PARTICULARS | | |
|---|---|---|---|
| ☐ Correction of Name<br>☐ Date of Birth<br>☐ Change of Status<br>☐ Change of Occupation<br>Attach birth certificate, marriage contract or other legal documents | Old Name: _____ Date of Birth : _____<br><br>New Name: _____ Occupation : _____<br><br>Civil Status : ( ) Single ( ) Married ( ) Widowed ( ) Separated | | |
| ☐ Plan Transfer<br>Attach the plan application & GT forms of the new client | Old Planholder : _____<br><br>New Planholder : _____ | | |
| ☐ Change in Beneficiary Designation<br>☐ Addition of Beneficiary<br>☐ Deletion of Beneficiary<br>Assigned beneficiary must be related to the client. | Old Primary | New Primary | Relationship |
| | Old Contingent | New Contingent | Relationship |
| ☐ Change in Mode | From | To | |
| ☐ Change in Plan Code | From | To | |
| ☐ Change in Pay Code | From | To | |
| ☐ Change in No. of Units | From | To | |
| ☐ Deferred Nominee<br>☐ Change Nominee<br>Attach nominee's birth certificate | Name | Birthdate | Relationship |
| ☐ Change in Address/ Telephone Number | _____ | Tel. No. | |

**IMPORTANT REMINDER**
1. Lapsed plans can not be amended except for change in billing address.
2. For Plan Transfer, the new planholder must accomplish and submit a Plan Application and GT together with this form.
3. Change in mode of payment can be done if the plan year is completely paid. If not, it is necessary to complete the payment first, before changing the mode of payment.
4. Change in no. of Units and Plan Code can be done only within the first plan year, Plan Services Dept. computes for the necessary charges.
5. No amendment fees for change in Marital status, Occupation, Deferred Nominee and Change in Address and Telephone Number.
6. Accomplish in duplicate.

Upon approval by the Company, this form shall be attached to the Plan and considered as and amendment thereof without need of an endorsement.

_____        _____
Signature of Planholder        Date

------------------------------------------------------------------------------------------------------------------------------------

FOR HOME OFFICE USE ONLY

| Received Date: | | | |
|---|---|---|---|
| Processed by: | Date: | Approved by: | Date: |

PLEASE ATTACH THIS FORM TO YOUR POLICY