



## Additional Terms and Conditions for Income-Paying Funds

(to be filled out, signed and submitted together with a duly completed application for Top-Up,

Premium Redirection or Fund Switch)

Policyholder's Name:		
olicy	y No./s:	
	s to confirm my understanding of the following addit ng Funds and the Unit Income Distributions.	tional terms and conditions governing the administration of Income-
1.	Partial Withdrawals nor affect the Minimum Guara	nd transfer to my nominated bank account and will not be treated as inteed Benefit. As such, policy withdrawal fees will not apply to the Unit Income Distributions are from the income generated by the paid out of the capital invested in the target fund.
2.	Distributions will be credited. In case I did not not that period will be subject to fund infusion into	nk partners of Insular Life ("the Company") where my Unit Income minate a bank account at the time of distribution, the proceeds for my Income-Paying Fund. Unsuccessful or returned fund transfers applicable transfer fees, shall likewise be subject to fund infusion as to change partner banks.
3.	the minimum shall be subject to fund infusion. Th amount without prior notice. Once my Unit Incom	r nominated account is Php500.00 or USD10.00. Any amount below the Company reserves the right to change the minimum distribution the Distribution has undergone fund infusion, withdrawing from the to minimum partial withdrawal amount and applicable charges.
4.	. Unit Income Distributions are not guaranteed and Company has the discretion to declare the percent	d may vary depending on applicable rate at Declaration Date. The age of fund value for the Unit Income Distribution.
5.		Unit Income Distribution every Declaration Date which may change pay be up to three (3) months from the policy effectivity date. The quency of the Unit Income Distributions.
6.		yout Date indicated in the letter sent on the Declaration Date. The days from the Declaration Date. The Company reserves the right to
7.	7. I may be entitled to Unit Income Distribution if I Declaration Date.	have invested in the Fund for at least one (1) month before the
Si	signed on, at	
-	POLICYHOLDER Printed Name and Signature	
		If applicable:
_	WITNESS/FINANCIAL ADVISOR	INSURANCE SPECIALIST

Printed Name and Signature

Printed Name and Signature