

## Additional Requirements for Recapture

### Instructions:

1. Fill in all applicable spaces. 2. Mark all appropriate boxes with an X. 3. Not to be used for Death Benefit.

### POLICY INFORMATION

Policy Number	
Name of Policy Owner/Insured	

### CUSTOMER INFORMATION (POLICY OWNER)

Given Name		Date of Birth (MM/DD/YYYY)	/	/
Surname		Place of Birth	City	
Suffix			Province	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		Country	
Civil Status		TIN/SSS/GSIS No.		
Mother's Maiden Name		Source of Fund		

### PREFERRED MAILING ADDRESS & CONTACT INFORMATION OF POLICY OWNER

Mailing Address		Contact Numbers			
<input type="checkbox"/> Residence <input type="checkbox"/> Office <input type="checkbox"/> Permanent		Land Line Nos.	Country Code	Area Code	Tel. No.
House No.					
Street Name					
Village/Barangay					
Municipality/City		Mobile Nos.	Country Code		Mobile Number
Province					
Country					
Zip Code					
Email Address					

### SIGNATURE AFFIRMATION

I, the undersigned policy owner, hereby certify that the following are all my true and authentic signatures and that I use them interchangeably in signing documents, sometimes using one signature on one occasion and then another occasion, depending on which signatures appeals to me at the time.

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Witnessed By Signature over Printed Name		Relationship	
		Date Signed	

## FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

☐ I am a US Person\* under US Laws

\*US Person means a) a US Citizen (including dual citizens where one country of citizenship is the US); b) US Permanent Resident; c) a person with substantial presence of more than 31 days in the current calendar year or a total of 183 days over the past 3 years from the current year; or d) a partnership/corporation organized in the US; e) US-owned foreign entity with one or more substantial US owner (one who owns more than 10% of the entity by vote or value).

☐ I am NOT a US Person under US Laws

☐ but I have at least one of the following US indicia\*\*

\*\*a) US place of birth;  
b) current US residence address, mailing address, phone number associated with a financial account maintained in the US;  
c) a standing instruction to transfer funds to that account;  
d) a Power of Attorney or signatory authority granted to a person with a US address;  
e) has an "in care of" address or "hold mail" address that is your sole address.

☐ and I have NO US indicia

If there are any changes in my status, I undertake to inform Insular Life of such changes by submitting an updated accomplished FATCA Form.

**Instruction to Insular Life Customer Care Staff:** If US Person or with US Indicia, please request policy owner to accomplish the other required FATCA forms

Policy Owner  
Signature over Printed Name

Date Signed

## PROXY

Know All Men By These Presents:

That I, a policyholder and member of The Insular Life Assurance Company, Ltd. ("Company"), do hereby nominate, constitute, and appoint my proxy below to attend and vote on my behalf at the Annual Members' Meeting of the Company, and any all regular or special meetings of the members, and any adjournment thereof: *(please check one)*

☐ Proxy Committee pursuant to Section 3.4.2 of the Company's By-Laws, as amended, composed of the Chairman of the Board, the Chief Executive Officer, the President, the Corporate Secretary, and the most senior Independent Trustees in terms of tenure; or

☐ Name: \_\_\_\_\_ *(indicate full name of your proxy and provide contact details)*

Mobile No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

In case of his/her non-attendance, I authorize the Chairman of that Meeting to fully exercise all rights as my proxy at such meeting.

This proxy shall be valid and effective for a period of five (5) years from the time I become entitled to vote in accordance with the By-Laws of the Company.

## BENEFICIARY INFORMATION

**IMPORTANT NOTES:** The following information are being requested in compliance with the requirements of the Anti-Money Laundering Council. This form is for Individual Beneficiaries only. Accomplish an ENTITY INFORMATION FORM for each Non-Individual (Partnership, Corporation, NGO, etc.) Beneficiary. Fill in all applicable spaces. Mark all appropriate boxes with an X.

### Beneficiary 1

Given Name		Date of Birth	/ /
Surname		Place of Birth	
Suffix		Mother's Maiden Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relation to Insured	
Civil Status		Designation	<input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/> I
Nationality			<input type="checkbox"/> C

### Preferred Mailing Address & Contact Number of Beneficiary 1

<input type="checkbox"/> Residence <input type="checkbox"/> Office <input type="checkbox"/> Permanent	Contact Numbers			
House No.	Land Line Nos.	Country Code	Area Code	Tel. No.
Street Name				
Village/Barangay				
Municipality/City				
Province	Mobile Nos.	Country Code	Mobile Number	
Country				
Zip Code				
Email Address				

### Beneficiary 2

Given Name		Date of Birth	/ /
Surname		Place of Birth	
Suffix		Mother's Maiden Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relation to Insured	
Civil Status		Designation	<input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/> I
Nationality			<input type="checkbox"/> C

### Preferred Mailing Address & Contact Number of Beneficiary 2

<input type="checkbox"/> Residence <input type="checkbox"/> Office <input type="checkbox"/> Permanent	Contact Numbers			
House No.	Land Line Nos.	Country Code	Area Code	Tel. No.
Street Name				
Village/Barangay				
Municipality/City				
Province	Mobile Nos.	Country Code	Mobile Number	
Country				
Zip Code				
Email Address				

### PLEASE SIGN HERE:

This is to allow Insular Life to update my customer and policy information based on the data and consent I have provided.

Policy Owner  
Signature over Printed Name

Date Signed

**WARNING:** It is unlawful (a) to present or cause to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and (b) to fraudulently prepare, make or subscribe any writing with intent to present or use the same, or to allow it to be presented in support of any claim. Such acts shall be punishable by a fine not exceeding twice the amount claimed or imprisonment of two (2) years, or both, at the discretion of the court.  
(Section 251, Insurance Code)