

INSTRUCTION FOR POLICY ASSIGNMENT (Security/Collateral for Loan)

Note: This form is applicable to multiple policies with same transaction.

TO: The Insular Life Assurance Company, Ltd.

Please effect the assignment of my/our Policy Number/s _____
 (the "Policy") to:

CORPORATION/ENTITY ASSIGNEE		
Complete Business Name	Nature of Business	Date of Incorporation (mm/dd/yyyy)
Business Address		
Business Telephone Number	Email address	TIN Number
Assignee's Authorized Representative	Designation	Unit/Department

INDIVIDUAL ASSIGNEE		
Assignee Name (Surname, Given Name, Suffix)	Date of Birth(mm/dd/yyyy)	Name of Spouse (if married)
Home Address		
Telephone Number/Mobile Number	Email address	

As the Policy Owner/s, I/we understand that during the effectivity of the assignment of this/these policy/ies:

1. Only the death benefit, less any outstanding policy loan under this/these policy/ies, shall be paid to the Assignee upon my/our untimely demise, to the extent of my/our outstanding obligation at the time of my/any of our death, subject to policy contract provisions.
2. I/We shall retain ownership of this/these policy/ies.
3. The written consent of the Assignee may be required for certain policy transactions.
4. No further assignment can be allowed.
5. Insular Life assumes no responsibility for the validity or sufficiency of any assignment and I/we hereby relieve Insular Life, and all its trustees, officers, employees, and agents from any and all claims, damages, responsibilities, liabilities that may now or hereafter arise out of or in connection with the assignment.
6. I/We shall request for the cancellation of this assignment upon full settlement of my/our outstanding obligation to the Assignee and my/our submission of the required documents to Insular Life.

The assignment of this/these policy/ies shall remain to be subject to all the terms and conditions of the policy contract and to any lien, charge or indebtedness now or hereafter existing against or on account of said Policy/ies.

I/We understand that as a financial institution, InLife is subject to existing and future government regulations. I/We therefore agree to be bound by all applicable domestic and international laws in relation to any matter including but not limited to anti-money laundering, tax monitoring and data privacy.

Through this Instruction for Relative/Policy Assignment Form, I/we give consent to InLife to collect personal and sensitive information within the form, such as, but not limited to, name, address, mobile number and government ID's, health data respectively. The personal information & sensitive personal information will be used solely for any legitimate purpose, including the underwriting and administration of insurance coverage and claims, marketing and promotion of products, market research, data analytics and automated processing systems, internal and external audits, and such activities for which my/our personal information may be required in fulfillment of mandated services across my/our entire life stages. I/We likewise give my/our consent to InLife to share my/our personal information with their subsidiaries, affiliates, agents, and medical information sharing facility of the insurance industry and accredited third parties only.

I/We hold InLife free and harmless from any liability that may arise from any collection, use, disclosure, destruction or sharing of said information.

I/We understand that InLife values my/our rights as data subjects under the Data Privacy Act and in case I/we need to exercise such rights, I/we can contact dataprivacy@insular.com.ph. I/We also understand that I/we can refer to InLife's Privacy Policy at www.insularlife.com.ph/privacy-policy to know more about how my/our personal data are processed.

Attached is the Proof of Indebtedness relative to this instruction.

Done at _____ this ____ day of _____ 20____.

Conforme: (For Individual Assignee only)

Signature over Printed Name of the
Individual Assignee

Signature over Printed Name of the
of the Policy Owner/Joint Policy Owner/
Assignor

Signature over Printed Name of the
Irrevocable Beneficiary

Signature over Printed Name of the
Irrevocable Beneficiary