



Special Power of Attorney

KNOW ALL MEN BY THESEPRESENTS:

I/We, _____, of legal age, Filipino, single [or married to _____], have named, constituted and appointed, and by these presents, do hereby name, constitute and appoint _____, also of legal age, Filipino, single/married, to be my/our true and lawful Attorney-in-Fact for me/us and in my/our name, place and stead, and for my/our own use and benefit, to do and perform all or any of the following acts and things, namely:

- 1. To file with The Insular Life Assurance Company, Ltd. ("Insular Life"), in my/our behalf, application for

checkbox maturity benefit, checkbox survivorship benefit, checkbox others:
checkbox death benefit, checkbox loan

under Insular Life's _____, issued on the life of _____
[type of plan] [name of insured]

with Policy Number _____ issued on _____ and to comply with all
[effective date]

the relevant processing requirements of Insular Life for the purpose;

- 2. To receive from Insular Life in my behalf, the corresponding check representing payment of the _____ proceeds under Policy No. _____;
3. To execute and sign any and all the necessary agreements, documents and other legal papers pertaining to the above powers to give effect to the foregoing authority.

HEREBY GIVING AND GRANTING unto said attorney-in-fact full powers and authority to do and perform all and every act and things whatsoever requisite and necessary to carry into effect the foregoing authority, as fully to all intents and purposes as I/we might or could lawfully do if personally present, and hereby ratifying and confirming all that my/our said attorney-in-fact shall lawfully do or cause to be done by virtue of these presents.

I understand that as a financial institution, Insular Life is subject to existing and future government regulations. I 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.

In this connection, I authorize Insular Life to process my personal and sensitive personal information (also known as personally identifiable information or PII) including the collection, usage, storage, retention, and disclosure of my PII in the related processes and systems until its disposal. I likewise give my consent to Insular Life to share such information to its subsidiaries, affiliates, agents, medical information sharing facility of the insurance industry and third parties 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 PII may be required in fulfillment of mandated services across my entire life stages.

I/We also confirm that I/we have sought the consent of the insured and/or the beneficiary/ies in sharing his/her personal and sensitive personal information, as may be applicable.

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

I/We, upon receipt by my/our Attorney-in-Fact of the check representing the payment of _____ proceeds under Policy No. _____ from Insular Life, do hereby release and discharge Insular Life, its officers, employees, agents, and other personnel from any and all claims, demands or liabilities of whatever nature and kind in connection with or arising out of all the incidents related or in connection with the above insurance policy transaction and forever warrant and defend the aforesaid payment, and save harmless Insular Life from any and all other claimants.

IN WITNESS WHEREOF, I/we have hereunto set my/our hand this _____ day of _____, 20____, in the City of _____.

Printed Name and Signature of Policyholder/Beneficiary

Printed Name and Signature of Policyholder/Beneficiary

Address: _____

Address: _____

Landline: _____

Landline: _____

Cellphone: _____

Cellphone: _____

E-mail address: _____

E-mail address: _____

Conforme:

Name and Signature of the Attorney-in-Fact

Address: _____

Landline: _____

Cellphone: _____

E-mail address: _____

SIGNED IN THE PRESENCE OF:

Printed Name and Signature of Witness

Printed Name and Signature of Witness

Address: _____

Address: _____

Landline: _____

Landline: _____

Cellphone: _____

Cellphone: _____

E-mail address: _____

E-mail address: _____

[This document must be notarized]
[If principal is abroad, this document must be authenticated at the nearest Philippine Consular Office]

Note: Any check to be issued will be payable to the principal and not to the attorney in fact and the check shall be for deposit only.