



REQUEST FOR POLICY CHANGE

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

Policy Number/s: _____

Name of Policy Owner: _____ Name of Insured: _____

- Instructions:
1. For any change in beneficiary, if the policy owner is different from the insured, the signature of the insured is required. If the insured is below 18 years old, the signature of parent/guardian is required.

2. Together with this form, submit the original or certified true copy of any supporting legal documents required.

3. All documents issued or executed abroad should be translated in English and authenticated by the Philippine Embassy/Consular Office or apostilled by a competent authority from the origin country.

I/We hereby request The Insular Life Assurance Co., Ltd. ("Company") to effect the following change/s in my/our above stated insurance policy/ies:

1. Change of Name

Change of name of: ☐ Policy Owner ☐ Insured ☐ Beneficiary

Name as shown in the Insurance Application (Surname, Given Name, Suffix)

New Surname

New Given Name

New Suffix

New Civil Status
☐ Single ☐ Married ☐ Annulled ☐ Others: _____

Reason for Change
☐ Correction ☐ Marriage ☐ Others: _____

2. Change in Designation/Addition of Beneficiary

Note: A contingent beneficiary is always considered as revocable.

| Name of Beneficiary | Relationship to Insured | Date of Birth (mm/dd/yyyy) | Designation by Priority (Primary/Contingent) | Designation by Right (Revocable/Irrevocable) |
|---------------------|-------------------------|----------------------------|--|--|
| | | | | |
| | | | | |
| | | | | |

3. Deletion of Beneficiary

| Name of Beneficiary | Date of Birth (mm/dd/yyyy) |
|---------------------|----------------------------|
| | |
| | |
| | |

4. Revocation of Contingent Owner

| Surname | Given Name | Suffix |
|---------|------------|--------|
| | | |

5. Appointment of New Contingent Owner

Note: Pursuant to Policy Owner contract provision with contingent owner (effective February 15, 2018).

| Surname | Given Name | Suffix | Date of Birth (mm/dd/yyyy) |
|---------|------------|--------|----------------------------|
| | | | |

Relationship to Insured

Relationship to Policy Owner

6. Other Changes: (Please specify)

(Reserved for Home Office correction or addition)

This/These request/s together with the original application, supporting documents and statements made to the Company for the said policy/ies shall be considered as my/our application for policy amendment.

If the original policy/ies is/are replaced by a re-issued policy/ies, I/we hereby agree that in consideration of my/our application for policy amendment, I/we shall surrender the original policy/ies and consent to its/their cancellation, and forever release and discharge said Company from any and all claims, demands and liabilities whatsoever under the surrendered policy/ies.

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.

Done at _____ this _____ day of _____, 20_____

Signature over printed name
of Assignee

Signature over printed name
of Insured or Parent/Guardian of Insured
(If the Insured is below 18 years old)

Signature over printed name
of Policy Owner

Signature over printed name
of Irrevocable Beneficiary

Signature over printed name
of Irrevocable Beneficiary

Signature over printed name
of Irrevocable Beneficiary

(Please use reverse side for additional signatures of Irrevocable Beneficiary)

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.)