

INSTRUCTION FOR CANCELLATION OF ASSIGNMENT

TO: The Insular Life Assurance Company, Ltd.

Please effect on _____ (date of cancellation), the cancellation of assignment of my Policy No./s _____ (the "Policy"), which is currently assigned to _____ ("Assignee").

This cancellation is requested on account of the full settlement of my obligation to the Assignee with the issuance to me of the attached Release Letter/Certification of Full Payment. With the cancellation of the assignment, all rights and benefits under this/these policy/ies shall revert back to me as the Policy Owner, and no written consent shall be further required from the Assignee in the exercise of my rights under the 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.

POLICY OWNER		
Policy owner Name (<i>Surname, Given Name, Suffix</i>)	Mother's Maiden Name	Civil Status
Preferred Mailing Address		
Telephone Number/Mobile Number	Email address	
CORPORATION/INDIVIDUAL ASSIGNEE		
Assignee Name		
Preferred Mailing Address		
Telephone Number	Email address	
Assignee's Authorized Representative	Designation	Unit/Department

Done at _____ this _____ day of _____, 20____.

Signature over Printed Name of the
Policy Owner/Assignor

Conforme:

Signature over Printed Name of the Assignee/Company
Authorized Representative

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.)