

Request for Change in Mode of Payment

DETAILS OF REQUEST

I/We, _____, request to change my/our mode of premium payment for the below policy/ies:
 (Name of Policy Owner/s)

POLICY NUMBER	NEW MODE OF PAYMENT			
	MONTHLY	QUARTERLY	SEMI-ANNUAL	ANNUAL
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I/We agree and understand that:

1. If my/our policy/ies has/have an investment component or VUL fund, I/we will shoulder any investment loss caused in case I/we file this request beyond my/our current premium due date.
2. This request shall not affect any other or similar transaction regarding the above policy/ies before Insular Life is able to approve of this request.
3. Insular Life has the right to decline this request for reasons as it may deem necessary. In such events, I/we hold Insular Life free and harmless from any and all damages, liabilities, suits or causes of action which I/we might suffer from directly or indirectly by reason of such denial or cancellation.

DATA PRIVACY STATEMENT

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 Request for Change in Mode of Payment 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.

 Signature Over Printed Name of Policy Owner/s

 Date Signed