



The Insular Life Assurance Company, Ltd.
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Tel.: (632) 8-582-1818 | Fax: (632) 8-771-1717 | VAT REG. TIN 000-464-124-000

BENEFICIARY INFORMATION FORM		IMPORTANT NOTE: The following information are being requested in compliance with the requirements of the Anti-Money Laundering Council.	
BENEFICIARY 1			
GIVEN NAME		SURNAME	SUFFIX
BENEFICIARY'S MOTHER'S MAIDEN NAME			
PREFERRED MAILING ADDRESS <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE		CONTACT INFORMATION (at least one)	
NUMBER & STREET		Landline No. Country Code () Area Code () Number ()	
VILLAGE		Country Code () Area Code () Number ()	
BARANGAY		Mobile No. Country Code () AreaCode() Number ()	
MUNICIPALITY/CITY		Country Code () AreaCode() Number ()	
PROVINCE		Fax No. Country Code () AreaCode() Number ()	
COUNTRY		Country Code () Area Code () Number ()	
ZIP CODE		Email Address: Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
		*Civil Status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> LS Date of Birth (mm/dd/yy): <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>	
		Relation to Insured: Designation: <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> C	
BENEFICIARY 2			
GIVEN NAME		SURNAME	SUFFIX
BENEFICIARY'S MOTHER'S MAIDEN NAME			
PREFERRED MAILING ADDRESS <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE		CONTACT INFORMATION (at least one)	
NUMBER & STREET		Landline No. Country Code () Area Code () Number ()	
VILLAGE		Country Code () Area Code () Number ()	
BARANGAY		Mobile No. Country Code () AreaCode() Number ()	
MUNICIPALITY/CITY		Country Code () AreaCode() Number ()	
PROVINCE		Fax No. Country Code () AreaCode() Number ()	
COUNTRY		Country Code () Area Code () Number ()	
ZIP CODE		Email Address: Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
		*Civil Status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> LS Date of Birth (mm/dd/yy): <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>	
		Relation to Insured: Designation: <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> C	
BENEFICIARY 3			
GIVEN NAME		SURNAME	SUFFIX
BENEFICIARY'S MOTHER'S MAIDEN NAME			
PREFERRED MAILING ADDRESS <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE		CONTACT INFORMATION (at least one)	
NUMBER & STREET		Landline No. Country Code () Area Code () Number ()	
VILLAGE		Country Code () Area Code () Number ()	
BARANGAY		Mobile No. Country Code () AreaCode() Number ()	
MUNICIPALITY/CITY		Country Code () AreaCode() Number ()	
PROVINCE		Fax No. Country Code () AreaCode() Number ()	
COUNTRY		Country Code () Area Code () Number ()	
ZIP CODE		Email Address: Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
		*Civil Status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> LS Date of Birth (mm/dd/yy): <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>	
		Relation to Insured: Designation: <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> C	
BENEFICIARY 4			
GIVEN NAME		SURNAME	SUFFIX
BENEFICIARY'S MOTHER'S MAIDEN NAME			
PREFERRED MAILING ADDRESS <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE		CONTACT INFORMATION (at least one)	
NUMBER & STREET		Landline No. Country Code () Area Code () Number ()	
VILLAGE		Country Code () Area Code () Number ()	
BARANGAY		Mobile No. Country Code () AreaCode() Number ()	
MUNICIPALITY/CITY		Country Code () AreaCode() Number ()	
PROVINCE		Fax No. Country Code () AreaCode() Number ()	
COUNTRY		Country Code () Area Code () Number ()	
ZIP CODE		Email Address: Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
		*Civil Status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> LS Date of Birth (mm/dd/yy): <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>	
		Relation to Insured: Designation: <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> C	

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 including but not limited to its collection, use, retention, destruction or sharing with Insular Life subsidiaries, affiliates, agents, authorized third parties, and any medical information sharing facility for any legitimate purpose, including but not limited to underwriting and administration of insurance policies and insurance claims, marketing and promotion of products, market research, data analytics and automated processing systems, internal and external audit.

I also confirm that I 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, retention, destruction or sharing of said information as mentioned above.

POLICYHOLDER'S NAME & SIGNATURE	DATE
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