



CONTROL NO: _____

Insular Life Corporate Centre, Insular Life Drive
Filinvest Corporate City, Alabang, 1781 Muntinlupa City
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Tel.: 8-582-1818 * Fax: 8-771-1717

CHANNEL IN: OTC PHONE EMAIL MAIL FAX WEB SMS OP OTHERS _____

CUSTOMER INFORMATION UPDATE FORM

Prefix: _____ Given Name: _____ Surname: _____ Suffix _____ Title: _____
BIRTH NAME Given Name: _____ Surname: _____ Suffix: _____
MOTHER'S MAIDEN NAME Given Name: _____ Surname: _____ Suffix: _____
Date of Birth _____ Nationality: _____ Gender: _____ Religion: _____ Civil Status: _____
PLACE OF BIRTH Town/City: _____ Province: _____ Country: _____
Select whichever is applicable TIN: _____ SSS: _____ GSIS: _____ Other ID: _____ ID No. _____
ALIAS Given Name: _____ Surname: _____ ACR/I-Card No: _____ Issue Date: _____ Expiry Date: _____
OCCUPATION DETAILS Occupation/Position: _____ Nature of Work: _____ Source of Fund: _____
Name of Employer: _____ Nature of Business: _____
If OFW, select one: Land based Sea based Country of Work: _____
POLICY NUMBERS: _____

RESIDENCE/PRESENT ADDRESS

No. /Street: _____ **LANDLINE** Country Code: _____ Area Code: _____ PTE No. _____ Tel Nos: _____
Village: _____ **CONTACT NOS** Country Code: _____ Area Code: _____ PTE No. _____ Tel Nos: _____
Barangay: _____ **FAX NO.** Country Code: _____ Area Code: _____ PTE No. _____ Tel Nos: _____
City/Municipality: _____ **MOBILE NOS.** Country Code: _____ Tel Nos: _____
Province: _____ Country Code: _____ Area Code: _____ PTE No. _____ Tel Nos: _____
Country: _____ Zip Code: _____ **EMAIL ADDRESS:** _____

OFFICE ADDRESS

No. /Street: _____ **LANDLINE** Country Code: _____ Area Code: _____ PTE No. _____ Tel Nos: _____
Village: _____ **CONTACT NOS** Country Code: _____ Area Code: _____ PTE No. _____ Tel Nos: _____
Barangay: _____ **FAX NO.** Country Code: _____ Area Code: _____ PTE No. _____ Tel Nos: _____
City/Municipality: _____ **MOBILE NOS.** Country Code: _____ Tel Nos: _____
Province: _____ Country Code: _____ Area Code: _____ PTE No. _____ Tel Nos: _____
Country: _____ Zip Code: _____ **EMAIL ADDRESS:** _____

PERMANENT ADDRESS

No. /Street: _____ **LANDLINE** Country Code: _____ Area Code: _____ PTE No. _____ Tel Nos: _____
Village: _____ **CONTACT NOS** Country Code: _____ Area Code: _____ PTE No. _____ Tel Nos: _____
Barangay: _____ **FAX NO.** Country Code: _____ Area Code: _____ PTE No. _____ Tel Nos: _____
City/Municipality: _____ **MOBILE NOS.** Country Code: _____ Tel Nos: _____
Province: _____ Country Code: _____ Area Code: _____ PTE No. _____ Tel Nos: _____
Country: _____ Zip Code: _____ **EMAIL ADDRESS:** _____

PREFERRED MAILING ADDRESS: Residence/Present Office Permanent Landmark of Preferred Address: _____

Receive Marketing Offers
Mobile Permanent Residence Office
Email Permanent Residence Office
Receive Billing Reminders
Mobile Permanent Residence Office
Email Permanent Residence Office
Give contact to agent
Mobile Permanent Residence Office
Email Permanent Residence Office

Send my premium notices online through this InLife Customer Portal and discontinue sending them through postal mail

SPOUSE INFORMATION

Prefix: _____ Given Name: _____ Surname: _____ Suffix _____ Title: _____
BIRTH NAME Given Name: _____ Surname: _____ Suffix: _____
MOTHER'S MAIDEN NAME Given Name: _____ Surname: _____ Suffix: _____
Date of Birth _____ Nationality: _____ Gender: _____ Religion: _____ Civil Status: _____
PLACE OF BIRTH Town/City: _____ Province: _____ Country: _____
Select whichever is applicable TIN: _____ SSS: _____ GSIS: _____ Other ID: _____ ID No. _____
ALIAS Given Name: _____ Surname: _____ ACR/I-Card No: _____ Issue Date: _____ Expiry Date: _____
OCCUPATION DETAILS Occupation/Position: _____ Nature of Work: _____ Source of Fund: _____
Name of Employer: _____ Nature of Business: _____
If OFW, select one: Land based Sea based Country of Work: _____

IDENTIFICATION DOCUMENT (S):

Driver's License Passport SS/GSIS ID Firearms License
 PRC ID BIR ID Voter's Reg./ID Company/School ID
 Marriage Contract Birth Certificate DECS Certification DTI Registration
 Mayor's/Business Permit Credit card Others

Please select the bank where you have current/savings account:

BDO BPI MBTC PNB

OTHER BANKS: _____

Please select credit card for which you are a cardholder:

BDO BPI MBTC PNB

OTHER BANKS: _____

ID No.: _____

This is to allow Insular Life to update its database if the contact information above differs from its policy record.

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

SIGNATURE OF WITNESS

SIGNATURE OF INSURED/OWNER

SIGNATURE OF INSURED/OWNER

Remarks (For Home Office/District Office Use)

Not yet validated with PDB
 Validated with PDB
 Updated PDB (if necessary)
 Date CIU was signed

Name / Signature / Work Unit

Date

