



Dividend Withdrawal

Policy No. _____

Date: _____

To: The Insular Life Assurance Co. Ltd.

I/We would like to withdraw the:

- Partial accumulated dividends in the amount of Php _____ on the above numbered policy.
- Total accumulated dividends on the above numbered policy.
- Cash Surrender Value of Paid-Up Additional Insurance purchased by the dividends on the above-numbered policy.

I/We understand that as a financial institution, Insular Life 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.

In this connection, I/we authorize Insular Life to process my/our 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/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/We 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.

Thank you.

Signature over Printed Name of Policy Owner

Signature over Printed Name of
Joint Policy Owner

Signature over Printed name of
Irrevocable Beneficiary

Signature over Printed name of
Irrevocable Beneficiary

Signature over Printed name of
Irrevocable Beneficiary

Signature over Printed name of
Irrevocable Beneficiary