



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

Policy No. _____

I-Dollar Asian Gems Application for Fund Withdrawal

1. PROPOSED INSURED (Print in full)

Last Name _____ First _____ Middle _____
Date of Birth _____
(mm/dd/yyyy) _____ Age _____
Mailing Address _____

2. APPLICANT-OWNER (Print in full)

Last Name _____ First _____ Middle _____
Date of Birth _____
(mm/dd/yyyy) _____ Age _____
Mailing Address _____

3. WITHDRAWAL OPTIONS

☐ PARTIAL WITHDRAWAL

"I apply to withdraw _____ unit/s allocated to my account. I understand that my withdrawal should be in accordance with the following conditions:

1. Only integral number of units should be withdrawn.
2. I must withdraw at least ten (10) units.
3. Balance left should be at least ten (10) units at the time of my application for withdrawal. If the total number of units is less than the minimum required at the time of partial withdrawal, then this Policy will have to be fully withdrawn and the Policy will be terminated.

I understand that my Policy's death benefit will be deducted 125% of the total amount withdrawn. I understand that with this withdrawal, my 100% capital protection on Maturity Date will no longer apply. Bank charges currently at US\$30 and a withdrawal charge will be deducted from the withdrawal proceeds of my Policy for every withdrawal."

☐ FULL WITHDRAWAL

"I apply to fully withdraw (terminate) my policy and discharge Insular Life from all liabilities on my Policy. Bank charges currently at US\$30 and a withdrawal charge will be deducted from the full withdrawal value."

Note: The original policy document must be returned together with this application.

FUND	NOMINAL AMOUNT
Asian Emerging Companies Dollar Fund	US\$
Others:	

I/WE HEREBY AGREE AND DECLARE THAT:

1. Insular Life will be fully discharged from all liabilities if my/our application for full withdrawal on my/our policy is approved.
2. Insular Life will use the price on a Friday of the pricing week for any application received on a Tuesday two weeks before up to Monday of the pricing week.
3. This application will not be effective until it is officially received and approved by Insular Life and an endorsement is issued.

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.

Signed this _____ day of _____, _____ at _____.

WITNESS/AGENT
Printed Name and Signature

APPLICANT-OWNER
Printed Name and Signature
(If other than Proposed Insured)

PROPOSED INSURED
Printed Name and Signature

IRREVOCABLE BENEFICIARY
Printed Name and Signature

ASSIGNEE/S
Printed Name and Signature

FOR OFFICE USE ONLY

Approved by: _____ Office: _____ Date: _____

HOME OFFICE ENDORSEMENT:

WITHDRAWAL GUIDELINES:

1. If your policy has been assigned, require consent of the assignee.
2. A partial withdrawal from your Policy will result in a lower minimum death benefit.
3. Return of amount withdrawn is not allowed once your application is processed.
4. If beneficiary is irrevocable, the beneficiary's signature is required. If irrevocable beneficiary is a minor, judicial guardian shall sign for him and this application must be accompanied by Letters of Guardianship and a Court Order, authorizing the withdrawal of funds from the Policy.
5. If assignee is a corporation, an officer of the corporation must sign for the corporation and this application must be accompanied by a certified true copy of the Board of Directors/Trustees' Resolution authorizing the funds on the Policy and giving the executing officer the power to sign this application on behalf of the corporation.
6. If the policy contract is lost, form must be submitted along with a duly accomplished Agreement Pertaining to the Loss or Destruction of Policy, dated, signed, witnessed and duly notarized.
7. Witness portion must be duly signed by the agent or a third party of legal age.
8. If life insured is abroad, a current Special Power of Attorney duly authenticated by the Philippine Consul is required. If this can not be obtained, funds may be deposited in Insular Life's account in trust for the life insured or to the life insured's local bank account subject to the required authorization letter.
9. In claiming the funds, bring at least one (1) identification paper such as passport, driver's license, company or professional ID.
10. If a representative is designated to claim the funds, the following must be presented: (a) Authorization letter (please accomplish form below) and (b) Proper identification papers.

AUTHORIZATION TO CLAIM FUND/S

This is to authorize (Name of Authorized Representative) _____ whose specimen signature appears below, to get proceeds from the withdrawal I made in my behalf.

AUTHORIZED REPRESENTATIVE
Printed Name and Signature

PROPOSED INSURED
Printed Name and Signature

Address _____

Contact Number _____

Date Signed _____

APPLICANT-OWNER
Printed Name and Signature