

## REQUEST FOR POLICY CHANGE

Policy Number: \_\_\_\_\_

Name of Policy Owner: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

**Instructions:**

1. For any change in beneficiary, if the policy owner is different from the insured, the signature of the insured is required. If the insured is below 18 years old, the signature of parent/guardian is required.
2. Together with this form, submit the original or certified true copy of any supporting legal documents required.
3. All documents issued or executed abroad should be translated in English and authenticated by the Philippine Embassy/Consular Office or apostilled by a competent authority from the origin country.

I/We hereby request The Insular Life Assurance Co., Ltd. ("Company") to effect the following change/s in my/our above stated insurance policy:

**1. Change of Name**

Change of name of: <input type="checkbox"/> Policy Owner <input type="checkbox"/> Insured <input type="checkbox"/> Beneficiary		
Name as shown in the Insurance Application (Surname, Given Name, Suffix)		
New Surname	New Given Name	New Suffix
New Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Annulled <input type="checkbox"/> Others: _____	Reason for Change <input type="checkbox"/> Correction <input type="checkbox"/> Marriage <input type="checkbox"/> Others: _____	

**2. Change in Designation/Addition of Beneficiary**

*Note: A contingent beneficiary is always considered as revocable.*

Name of Beneficiary	Relationship to Insured	Date of Birth (mm/dd/yyyy)	Designation by Priority (Primary/Contingent)	Designation by Right (Revocable/Irrevocable)

**3. Deletion of Beneficiary**

Name of Beneficiary	Date of Birth (mm/dd/yyyy)

**4. Revocation of Contingent Owner**

Surname	Given Name	Suffix

**5. Appointment of New Contingent Owner** *Note: Pursuant to Policy Owner contract provision with contingent owner (effective February 15, 2018).*

Surname	Given Name	Suffix	Date of Birth (mm/dd/yyyy)
Relationship to Insured		Relationship to Policy Owner	

**6. Other Changes: (Please specify)**

(Reserved for Home Office correction or addition)
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This request together with the original application, supporting documents and statements made to the Company for the said policy shall be considered as my/our application for policy amendment.

If the original policy is replaced by a re-issued policy, I/we hereby agree that in consideration of my/our application for policy amendment, I/we shall surrender the original policy and consent to its cancellation, and forever release and discharge said Company from any and all claims, demands and liabilities whatsoever under the surrendered policy.

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.

Done at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature over printed name of Assignee

\_\_\_\_\_  
Signature over printed name of Insured or Parent/Guardian of Insured (If the Insured is below 18 years old)

\_\_\_\_\_  
Signature over printed name of Policy Owner

\_\_\_\_\_  
Signature over printed name of Irrevocable Beneficiary

\_\_\_\_\_  
Signature over printed name of Irrevocable Beneficiary

\_\_\_\_\_  
Signature over printed name of Irrevocable Beneficiary

*(Please use reverse side for additional signatures of Irrevocable Beneficiary)*

**WARNING:** It is unlawful (a) to present or cause to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and (b) to fraudulently prepare, make or subscribe any writing with intent to present or use the same, or to allow it to be presented in support of any claim. Such acts shall be punishable by a fine not exceeding twice the amount claimed or imprisonment of two (2) years, or both, at the discretion of the court. (Section 251, Insurance Code.)