



The Insular Life Assurance Co., Ltd.
 Insular Life Corporate Centre Insular Life Drive,
 Filinvest Corporate City, Alabang 1781 Muntinlupa City, Philippines
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**WEALTH SERIES
 APPLICATION FOR
 FUND WITHDRAWAL**

Policy No:

1. INSURED					
Prefix	Given Name	Surname	Suffix	Suffix Title	
2. POLICY OWNER					
Prefix	Given Name	Surname	Suffix	Suffix Title	
3. WITHDRAWAL OPTIONS <input type="checkbox"/> PARTIAL WITHDRAWAL <input type="checkbox"/> FULL WITHDRAWAL					
<input type="checkbox"/> PESO WEALTH BUILDER <input type="checkbox"/> PESO WEALTH SECURE		<input type="checkbox"/> DOLLAR WEALTH BUILDER		<input type="checkbox"/> OTHERS _____	
FUND	AMOUNT	FUND	AMOUNT	FUND	AMOUNT
Peso Fixed Income Fund	PhP	Dollar Fixed Income Fund	\$		
Peso Balanced Fund	PhP	Others:			
Peso Equity Fund	PhP				
Others:					

I/WE HEREBY DECLARE AND AGREE THAT:

- Insular Life will be fully discharged from all liabilities if my/our application for full withdrawal on my/our policy is approved.
- If Insular Life receives my/our application before the applicable cut-off time, the Company will use the price for that pricing date to sell units in my/our account/s. Otherwise if received after the applicable cut-off time, the Company will use the unit price for the following pricing date. The Company has the sole discretion in determining the frequency of valuation, but said valuation will not be less frequent than weekly. The price for a particular pricing date will only be known at least one business day after the pricing date.
- The minimum partial withdrawal and minimum balance are subject to the guidelines set by the Company at the time of this application.
- A withdrawal fee may be deducted from the units of my Policy for every withdrawal.
- For Variable Returns Asset and Dollar Variable Returns Asset, a withdrawal charge will be deducted from the amount indicated in this application. The withdrawal charge varies depending on the policy year of withdrawal.
- For Wealth Secure and Wealth Assure, a partial withdrawal from my/our Policy will result in the reduction of the minimum guaranteed death benefit by 125% of the amount withdrawn.
- For Wealth Builder, Dollar Wealth Builder, Variable Returns Asset and Dollar Variable Returns Asset, a partial withdrawal from my/our Policy will result in the reduction of the sum insured by 125% of the amount withdrawn.
- If the total value of the units of my/our Policy is less than the minimum required at the time of partial withdrawal, then my/our Policy will be fully withdrawn.
- 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 _____

POLICY OWNER
 Printed Name and Signature

IRREVOCABLE BENEFICIARY
 Printed Name and Signature

WITNESS/AGENT
 Printed Name and Signature

ASSIGNEE/S
 Printed Name and Signature

FOR HOME/FIELD OFFICE USE ONLY

RECEIVED BY: _____ Office: _____ Date: _____ Secrets Number: _____
 Printed Name and Signature

Approved by: _____ Office: _____ Date: _____
 Printed Name and Signature

HOME OFFICE ENDORSEMENT: