



AFFIDAVIT OF SUBSTITUTE PARENTAL AUTHORITY (Grandparents, Sibling)

REPUBLIC OF THE PHILIPPINES)
 _____)

I, _____, of legal age, _____, with address at _____
(Name of Grandparent or Sibling) (Civil Status)

_____, after having been duly sworn, depose and state that:

1. I am the _____ of the minor _____, born on _____,
(state relationship) (Name of Minor)
 _____, who has interest under the following:

Policy Number	Interest of Minor (Policy Owner/Beneficiary)	Transaction Requested

2. I exercise sole substitute parental authority over the said minor on account of:
- death, absence or incapacity of both parents (in the case of grandparent as guardian);
 - death, absence or incapacity of grandparent (in the case of sibling as guardian); or
 - court order
3. In my exercise of substitute parental authority, I act as the guardian over the minor's property/ies, not having been disqualified by any competent authority, nor having suffered any legal disqualification to administer the property/ies of said minor.
4. No other person has been declared as judicial guardian of the said minor.
5. In accordance with Section 182 of the Insurance Code, I represent the said minor in exercising his/her right under the policy/ies where his/her interest does not exceed Php500,000.00, and to allow me to:
- (a) apply for the above transaction/s, except for transfer of ownership, assignment of policy and any transaction which may prejudice the interest of the minor under the policy;
 - (b) give the minor's consent to the above transaction/s,
 - (c) receive the proceeds, where applicable.

6. 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 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.

7. Upon my receipt of any proceeds, such payment shall be considered as payment to the minor. I, in behalf of the minor, hereby hold the Company, all its present and future agents, employees, officers and trustees, and duly authorized signatories, free and harmless from any and all claims, damages and liabilities resulting from such transaction/s, and shall forever warrant to defend said action against any and all persons who may assert any right under the Policy or file an adverse claim thereon and to indemnify the Company of whatever payment it may make, or damages and expenses it may incur, by reason of such action.

Name and Signature
 Date of Birth _____
 Landline No. _____
 Mobile No. _____

SUBSCRIBED AND SWORN TO before me on _____ at _____ affiant personally appeared before me exhibiting (Competent Evidence of Identity) _____ No. issued on _____ at _____.

Doc. No. _____;
 Book No. _____;
 Page No. _____;
 Series of _____.