

INSTRUCTION FOR POLICY ASSIGNMENT (Security/Collateral for Loan)

TO: The Insular Life Assurance Company, Ltd.

Please effect the assignment of my Policy Number _____ (the "Policy") to:

CORPORATION/ENTITY ASSIGNEE		
Complete Business Name	Nature of Business	Date of Incorporation (mm/dd/yyyy)
Business Address		
Business Telephone Number	Email address	TIN Number
Assignee's Authorized Representative	Designation	Unit/Department
INDIVIDUAL ASSIGNEE		
Assignee Name (Surname, Given Name, Suffix)	Date of Birth(mm/dd/yyyy)	Name of Spouse (if married)
Home Address		
Telephone Number/Mobile Number	Email address	

As the Policy Owner, I understand that during the effectivity of the assignment of this policy:

1. Only the death benefit, less any outstanding policy loan under this policy, shall be paid to the Assignee upon my untimely demise, to the extent of my outstanding obligation at the time of my death, subject to policy contract provisions.
2. I shall retain ownership of this policy.
3. The written consent of the Assignee may be required for certain policy transactions.
4. No further assignment can be allowed.
5. Insular Life assumes no responsibility for the validity or sufficiency of any assignment and I hereby relieve Insular Life, and all its trustees, officers, employees, and agents from any and all claims, damages, responsibilities, liabilities that may now or hereafter arise out of or in connection with the assignment.
6. I shall request for the cancellation of this assignment upon full settlement of my outstanding obligation to the Assignee and my submission of the required documents to Insular Life.

The assignment of this policy shall remain to be subject to all the terms and conditions of the policy contract and to any lien, charge or indebtedness now or hereafter existing against or on account of said Policy.

Likewise, 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.

Attached is the Proof of Indebtedness relative to this instruction.

Done at _____ this ____ day of _____ 20____.

Conforme: (For Individual Assignee only)

Signature over Printed Name of the
Individual Assignee

Signature over Printed Name of the
Policyowner/Assignor

Signature over Printed Name of the
Irrevocable Beneficiary

Signature over Printed Name of the
Irrevocable Beneficiary