

Request for Change in Mode of Payment

POLICY INFORMATION

Policy Number

Name of Policy Owner

DETAILS OF REQUEST

I request to change my mode of premium payment for the above policy:

NEW MODE OF PAYMENT			
<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Annual

I agree and understand that:

1. If my policy has an investment component or VUL fund, I will shoulder any investment loss caused in case I file this request beyond my current premium due date.
2. This request shall not affect any other or similar transaction regarding the above policy before Insular Life is able to approve of this request.
3. Insular Life has the right to decline this request for reasons as it may deem necessary. In such events, I hold Insular Life free and harmless from any and all damages, liabilities, suits or causes of action which I might suffer from directly or indirectly by reason of such denial or cancellation.

DATA PRIVACY STATEMENT

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.

 Signature Over Printed Name of Policy Owner

 Date Signed