



Insular Life

Insular Life Corporate Centre, Insular Life Drive
Filinvest Corporate City, Alabang, 1781 Muntinlupa City
E-mail: headofc@insularlife.com.ph • Website: www.insularlife.com.ph
Tel.: 582-1818 • Fax: 771-1717 • TIN 000-464-124 Non-VAT

BENEFICIARY INFORMATION FORM		IMPORTANT NOTE: The following information are being requested in compliance with the requirements of the Anti-Money Laundering Council.
GIVEN NAME	SURNAME	SUFFIX
BENEFICIARY'S MOTHER'S MAIDEN NAME		

PREFERRED MAILING ADDRESS <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE	CONTACT INFORMATION (at least one)	
NUMBER & STREET	Landline No. Country Code () Area Code () Number ()	
VILLAGE	Mobile No. Country Code () Area Code () Number ()	
BARANGAY	Fax No. Country Code () Area Code () Number ()	
MUNICIPALITY/CITY	Email Address:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
PROVINCE	*Civil Status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> LS	Date of Birth (mm/dd/yy): <input type="text"/> / <input type="text"/> / <input type="text"/>
COUNTRY	ZIP CODE	Relation to Insured: Designation: <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> C



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