

WEALTH SERIES APPLICATION FOR FUND WITHDRAWAL

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Policy No:

1. INSURED								
Prefix	Given Name			Surname			Suffix Title	
2. POLICY OWNER			-		Suffix	0.00 70		
Prefix	Given Name			Surname			Suffix Title	
3. WITHDRAWAL OPTIONS								
PESO WEALTH BUILDER PESO WEALTH SECURE			DOLLAR WEALTH BUILDER					
FUND AMOUNT		FUND		AMOUNT	FUND		AMOUNT	
Peso Fixed Income Fund PhP		Dollar Fixed Income	Fund	\$				
Peso Balanced Fund PhP		Others:			ļ			
Peso Equity Fund PhP								
Others: I/WE HEREBY DECLARE AND AGREE THAT:								
 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. 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. The Company at the sime 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from my/our Policy will result in the reduction of the minimum guaranteed death benefit by 125% of the amount withdrawn.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from my/our Policy will result in the reduction of the minimum guaranteed death benefit by 125% of the amount withdrawn.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of my/our Policy is less than the minimum required at the time of partial withdrawal, then my/our Policy will be fully withdrawn.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. Signed this day of at								
Printed Name and Signature Printed		Printed Name and Signature		Printed Name and Signature	Printed Name and Signature			
FOR HOME/FIELD OFFICE USE ONLY								
RECEIVED BY: Printed Name and Signature		Office:		Date:	Secrets Number:			
Approved by: Prir	Office:	Office:			Date:			
HOME OFFICE ENDORSEMENT:								