



Insular
Life

The Insular Life Assurance Co., Ltd. Insular Life Corporate Centre
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**WEALTH SERIES
APPLICATION FOR
TOP-UP**

Policy No:

1. INSURED								
Prefix	Given Name		Surname	Suffix	Suffix Title			
Occupation Details:								
Occupation/Position: _____			Employer/Company Name: _____					
Describe nature of business: _____								
Describe nature of work: _____								
If OFW (please check) <input type="checkbox"/> Seabased <input type="checkbox"/> Landbased: Country of work _____								
2. POLICY OWNER								
Prefix	Given Name		Surname	Suffix	Suffix Title			
3. TOP-UP PREMIUM INFORMATION								
Indicate Top-up Premium Direction:								
<input type="checkbox"/> PESO WEALTH BUILDER		<input type="checkbox"/> PESO WEALTH SECURE		<input type="checkbox"/> DOLLAR WEALTH BUILDER				
<input type="checkbox"/> OTHERS _____								
FUND	PERCENTAGE	FUND	PERCENTAGE	FUND	PERCENTAGE			
Peso Fixed Income Fund	%	Dollar Fixed Income Fund	%		%			
Peso Balanced Fund	%	Others:	%		%			
Peso Equity Fund	%		%		%			
Others:	%		%		%			
Amount Deposited:		Official Receipt No.: _____		<input type="checkbox"/> Cash <input type="checkbox"/> Check				
<input type="checkbox"/> PHP <input type="checkbox"/> USD _____		Date(mm/dd/yyyy): <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Check No. _____ Bank _____				
4. For Policy Owner, average monthly income from Employment/Businesses/Investments. P. _____								
5. UNDERWRITING INFORMATION								
1. Have any of your Parents and/or siblings been diagnosed of any illness or medical condition/s? <input type="checkbox"/> YES <input type="checkbox"/> NO. If Yes, please give details on space provided								
Complete Name of Family Member	Relationship to Insured	Relationship to Policy Owner	Condition/Illness	Estimated Age at onset of Illness	Age and cause of Death (if applicable)			
2. Build : Insured: Height: _____ cm or _____ ft _____ in Weight: _____ kgs or _____ lbs			DETAILS OF "Yes" ANSWERS (Please identify question number and include dates, diagnosis, duration of illness, results of treatment or tests done, and name and addresses of all Attending Physicians and medical facilities. Use separate sheet, if necessary.)					
3. Have you ever sought consultation or advice for health or medical reasons or been treated or confined in a hospital, sanitarium or similar institution?						<input type="checkbox"/> YES <input type="checkbox"/> NO		
4. Have you ever been told you had: cancer or growth of any kind, diabetes, epilepsy, heart trouble, high blood pressure, tuberculosis, kidney disorder, mental/neurologic disorder or HIV-AIDS? If YES, please specify the ailment/impairment.						<input type="checkbox"/> YES <input type="checkbox"/> NO		
5. Have you made any application for life, accident or sickness insurance or for reinstatement thereof which has been declined, postponed or modified in kind, amount or rate? If YES, please specify details. _____						<input type="checkbox"/> YES <input type="checkbox"/> NO		
6. Do you have other pending insurance applications with any other Company?						<input type="checkbox"/> YES <input type="checkbox"/> NO		
7. Have you ever engaged in or do you intend to engage in any car/motorcycle/motorboat racing, sky/scuba diving, and any other hazardous activities/sports/hobbies or make aerial flights as a pilot or crew member?			<input type="checkbox"/> YES <input type="checkbox"/> NO					
8. Do you intend to change residence or work abroad within the next 12 months?			<input type="checkbox"/> YES <input type="checkbox"/> NO					

I/WE HEREBY DECLARE AND AGREE THAT:

- Each of the foregoing statements written is true and correct and that I/we have fully stated all exceptions to each of the statements. I/We agree that if no exceptions are listed in the blank space provided for such exceptions, it shall have the same force and effect as if the word "NONE" were written therein.
- Top-up can be made after policy issuance. If top up will result to an increase in sum insured, it can only be made subject to the Company guidelines on issue age limits.
- The minimum top-up requirement is subject to company guidelines at the time of application.
- Any increase in sum insured will be effective on the next monthly anniversary after this application is approved. If the new sum insured is approved under non-standard terms, the effective date will be the next monthly policy anniversary date after Insular Life receives my/our acceptance of the rating.
- If Insular Life receives my/our application and top-up premium before the applicable cut-off time, the Company will use the unit price for that pricing date to buy 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 will only be known at least one business day after the pricing date.
- For top-up premium payments made through a soliciting agent, the date of the Official Receipt issued by Insular Life will govern, not the date of the Agent's Provisional Receipt.
- For payments made through banks, either over-the-counter or online, any unmatched information in the deposit slip/payment slip/online transaction details may cause delay in premium allocation. The unit price prevailing at the time when premiums are properly applied becomes the applicable unit price.
- The date that Insular Life receives the top-up premium is the latest of the following dates:
 - The official receipt date;
 - The date any non-local check or other form of payment is cleared;
 - The date Insular Life receives complete requirements; or
 - The date Insular Life receives my/our acceptance of the non-standard terms.

9. For Wealth Secure and Wealth Assure,
 - 9.1. if the sum insured is less than the new minimum guaranteed death benefit, we will apply for an increase in sum insured to equal the minimum guaranteed death benefit. Any application for increase in sum insured will be subject to underwriting requirements. If the application for increase in sum insured is not submitted within thirty (30) days from the date this application is received by Insular Life, then this application will be considered a declined application.
 - 9.2. when an increase in sum insured occurs, the insurance charges will likewise increase. If the increase in sum insured also applies to the supplementary contracts, the charges for these supplementary contracts will likewise increase.
10. Should I/we decide not to take-up this application under the revised terms offered by Insular Life, the amount refundable to me/us shall be the full amount deposited after it has been cleared.
11. If this application is declined, the amount refundable to me/us shall be the full amount deposited after it has been cleared.

Signed this _____ day of _____, _____ at _____

POLICY OWNER
 Printed Name and Signature

IRREVOCABLE BENEFICIARY
 Printed Name and Signature

WITNESS/AGENT
 Printed Name and Signature

ASSIGNEE/S
 Printed Name and Signature

FOR HOME/FIELD OFFICE USE ONLY

RECEIVED BY: _____ Office: _____ Date: _____ Secrets Number: _____
 Printed Name and Signature

Approved by: _____ Office: _____ Date: _____
 Printed Name and Signature

HOME OFFICE ENDORSEMENT:

Do not detach this

Policy No. _____

AUTHORIZATION TO RELEASE RECORDS AND INFORMATION

In connection with my application for a life insurance policy with The Insular Life Assurance Co., Ltd. ("Insular Life") or with any matter relating to that insurance policy, if issued, I hereby authorize and request you or any physician, surgeon, hospital, clinic, insurance company, or other organizations to give Insular Life or its authorized representative, any and all information regarding my health, sickness or disease, injury, medical history, including any all records of my hospitalization, consultation, diagnosis, treatments which you/they may have acquired in attending to me in your/their professional capacity. A photocopy of this authorization shall be valid as the original.

 Printed Name and Signature of Policy Owner

 Printed Name and Signature of the Insured