



## Dividend Withdrawal

Policy No. \_\_\_\_\_

Date: \_\_\_\_\_

To: The Insular Life Assurance Co. Ltd.

I/We would like to withdraw the:

- Partial accumulated dividends in the amount of Php \_\_\_\_\_ on the above numbered policy.
- Total accumulated dividends on the above numbered policy.
- Cash Surrender Value of Paid-Up Additional Insurance purchased by the dividends on the above-numbered policy.

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.

Thank you.

\_\_\_\_\_  
Signature over Printed Name of Policy Owner

\_\_\_\_\_  
Signature over Printed Name of  
Joint Policy Owner

\_\_\_\_\_  
Signature over Printed name of  
Irrevocable Beneficiary

\_\_\_\_\_  
Signature over Printed name of  
Irrevocable Beneficiary

\_\_\_\_\_  
Signature over Printed name of  
Irrevocable Beneficiary

\_\_\_\_\_  
Signature over Printed name of  
Irrevocable Beneficiary