



CONTROL NO: \_\_\_\_\_

Insular Life Corporate Centre, Insular Life Drive  
Filinvest Corporate City, Alabang, 1781 Muntinlupa City  
E-mail: headofc@insular.com.ph \* Website: [www.insularlife.com.ph](http://www.insularlife.com.ph)  
Tel.: 582-1818 \* Fax: 771-1717

CHANNEL IN: OTC  PHONE  EMAIL  MAIL  FAX  WEB  SMS  OP  OTHERS \_\_\_\_\_

**CUSTOMER INFORMATION UPDATE FORM**

Prefix: \_\_\_\_\_ Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Suffix \_\_\_\_\_ Title: \_\_\_\_\_  
**BIRTH NAME** Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Suffix: \_\_\_\_\_  
**MOTHER'S MAIDEN NAME** Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Nationality: \_\_\_\_\_ Gender: \_\_\_\_\_ Religion: \_\_\_\_\_ Civil Status: \_\_\_\_\_  
**PLACE OF BIRTH** Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_  
**Select whichever is applicable** TIN: \_\_\_\_\_ SSS: \_\_\_\_\_ GSIS: \_\_\_\_\_ Other ID: \_\_\_\_\_ ID No. \_\_\_\_\_  
**ALIAS** Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_ ACR/I-Card No: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
**OCCUPATION DETAILS** Occupation/Position: \_\_\_\_\_ Nature of Work: \_\_\_\_\_ Source of Fund: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Nature of Business: \_\_\_\_\_  
If OFW, select one:  Land based  Sea based Country of Work: \_\_\_\_\_  
**POLICY NUMBERS:** \_\_\_\_\_

**RESIDENCE/PRESENT ADDRESS**

No. /Street: \_\_\_\_\_ **LANDLINE** Country Code: \_\_\_\_\_ Area Code: \_\_\_\_\_ PTE No. \_\_\_\_\_ Tel Nos: \_\_\_\_\_  
Village: \_\_\_\_\_ **CONTACT NOS** Country Code: \_\_\_\_\_ Area Code: \_\_\_\_\_ PTE No. \_\_\_\_\_ Tel Nos: \_\_\_\_\_  
Barangay: \_\_\_\_\_ **FAX NO.** Country Code: \_\_\_\_\_ Area Code: \_\_\_\_\_ PTE No. \_\_\_\_\_ Tel Nos: \_\_\_\_\_  
City/Municipality: \_\_\_\_\_ **MOBILE NOS.** Country Code: \_\_\_\_\_ Tel Nos: \_\_\_\_\_  
Province: \_\_\_\_\_ Country Code: \_\_\_\_\_ Area Code: \_\_\_\_\_ PTE No. \_\_\_\_\_ Tel Nos: \_\_\_\_\_  
Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**OFFICE ADDRESS**

No. /Street: \_\_\_\_\_ **LANDLINE** Country Code: \_\_\_\_\_ Area Code: \_\_\_\_\_ PTE No. \_\_\_\_\_ Tel Nos: \_\_\_\_\_  
Village: \_\_\_\_\_ **CONTACT NOS** Country Code: \_\_\_\_\_ Area Code: \_\_\_\_\_ PTE No. \_\_\_\_\_ Tel Nos: \_\_\_\_\_  
Barangay: \_\_\_\_\_ **FAX NO.** Country Code: \_\_\_\_\_ Area Code: \_\_\_\_\_ PTE No. \_\_\_\_\_ Tel Nos: \_\_\_\_\_  
City/Municipality: \_\_\_\_\_ **MOBILE NOS.** Country Code: \_\_\_\_\_ Tel Nos: \_\_\_\_\_  
Province: \_\_\_\_\_ Country Code: \_\_\_\_\_ Area Code: \_\_\_\_\_ PTE No. \_\_\_\_\_ Tel Nos: \_\_\_\_\_  
Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**PERMANENT ADDRESS**

No. /Street: \_\_\_\_\_ **LANDLINE** Country Code: \_\_\_\_\_ Area Code: \_\_\_\_\_ PTE No. \_\_\_\_\_ Tel Nos: \_\_\_\_\_  
Village: \_\_\_\_\_ **CONTACT NOS** Country Code: \_\_\_\_\_ Area Code: \_\_\_\_\_ PTE No. \_\_\_\_\_ Tel Nos: \_\_\_\_\_  
Barangay: \_\_\_\_\_ **FAX NO.** Country Code: \_\_\_\_\_ Area Code: \_\_\_\_\_ PTE No. \_\_\_\_\_ Tel Nos: \_\_\_\_\_  
City/Municipality: \_\_\_\_\_ **MOBILE NOS.** Country Code: \_\_\_\_\_ Tel Nos: \_\_\_\_\_  
Province: \_\_\_\_\_ Country Code: \_\_\_\_\_ Area Code: \_\_\_\_\_ PTE No. \_\_\_\_\_ Tel Nos: \_\_\_\_\_  
Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**PREFERRED MAILING ADDRESS:**  Residence/Present  Office  Permanent Landmark of Preferred Address: \_\_\_\_\_

**Receive Marketing Offers**  
Mobile  Permanent  Residence  Office  
Email  Permanent  Residence  Office  
**Receive Billing Reminders**  
Mobile  Permanent  Residence  Office  
Email  Permanent  Residence  Office  
**Give contact to agent**  
Mobile  Permanent  Residence  Office  
Email  Permanent  Residence  Office

Send my premium notices online through this i-EAGLE Customer Portal and discontinue sending them through postal mail

**SPOUSE INFORMATION**

Prefix: \_\_\_\_\_ Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Suffix \_\_\_\_\_ Title: \_\_\_\_\_  
**BIRTH NAME** Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Suffix: \_\_\_\_\_  
**MOTHER'S MAIDEN NAME** Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Nationality: \_\_\_\_\_ Gender: \_\_\_\_\_ Religion: \_\_\_\_\_ Civil Status: \_\_\_\_\_  
**PLACE OF BIRTH** Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_  
**Select whichever is applicable** TIN: \_\_\_\_\_ SSS: \_\_\_\_\_ GSIS: \_\_\_\_\_ Other ID: \_\_\_\_\_ ID No. \_\_\_\_\_  
**ALIAS** Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_ ACR/I-Card No: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
**OCCUPATION DETAILS** Occupation/Position: \_\_\_\_\_ Nature of Work: \_\_\_\_\_ Source of Fund: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Nature of Business: \_\_\_\_\_  
If OFW, select one:  Land based  Sea based Country of Work: \_\_\_\_\_

**IDENTIFICATION DOCUMENT (S):**

Driver's License  Passport  SS/GSIS ID  Firearms License  
 PRC ID  BIR ID  Voter's Reg./ID  Company/School ID  
 Marriage Contract  Birth Certificate  DECS Certification  DTI Registration  
 Mayor's/Business Permit  Credit card  Others

**Please select the bank where you have current/savings account:**

BDO  BPI  MBTC  PNB

OTHER BANKS: \_\_\_\_\_

**Please select credit card for which you are a cardholder:**

BDO  BPI  MBTC  PNB

OTHER BANKS: \_\_\_\_\_

ID No.: \_\_\_\_\_

This is to allow Insular Life to update its database if the contact information above differs from its policy record.

Done at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
SIGNATURE OF INSURED/OWNER

\_\_\_\_\_  
SIGNATURE OF INSURED/OWNER

**Remarks (For Home Office/District Office Use)**

Not yet validated with PDB  
 Validated with PDB  
 Updated PDB (if necessary)  
 Date CIU was signed

Name / Signature / Work Unit

Date