



The Insular Life Assurance Company, Ltd.  
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## Client Acknowledgement and Waiver Form

I understand that my choice of target fund/s for my application/instruction has a higher risk level than the other fund/s recommended as suitable to my risk profile score of \_\_\_\_\_ specified in the Client Suitability Assessment Form, signed and dated \_\_\_\_\_.

I fully understand that I am taking more risks in exchange for possible higher returns. I undertake to assume all responsibility and risk associated with my preferred funds. Kindly accept my instructions involving fund/s which have a higher risk level than what my risk profile score recommends until such time that my score is no longer valid. I understand that the validity of this waiver shall coincide with the validity of my Client Suitability Assessment Form.

I agree to indemnify and hold Insular Life, its officers, employees and other authorized personnel, free and harmless from and against any and all claims, opportunity cost and other liabilities resulting from or arising out of being a policyholder of VUL plans of Insular Life.

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

\_\_\_\_\_  
Date Signed

Reference Policy Number: \_\_\_\_\_