



## Application for Easy Pay Plus Fund (Premium Deposit Fund)

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

To: INSULAR LIFE

Please attach an EASY PAY PLUS (EPP) Fund feature to my Policy Number \_\_\_\_\_.

I understand that the following conditions will apply to this fund:

1. Minimum amount per deposit is P 500.00.
2. The aggregate amount that may be deposited in the fund is limited to whichever is lesser between the two values:
  - 2.1. the sum of all future premiums less accumulated fund, or
  - 2.2. the sum of all premiums payable on the policy from date of issue up to the last premium due date, less total deposits.
3. Interest will be calculated using an interest rate not less than the average rate offered by the top three commercial banks in the Philippines, on their regular savings deposits. The interest is credited to the fund every policy anniversary and at time of withdrawal.
4. If the premium amount is not paid in full for the above policy on its due date, then the total premium amount due will be deducted from the available balance of the EPP Fund. In case the available balance of the EPP Fund is insufficient to pay for the total premium, the policy contract provision on Premium Default Option shall take effect where such insufficient amount shall be applied together with any available accumulated dividends and cash value notwithstanding the said provision which only pertains to cash value and accumulated dividends.
5. Any amount quoted to me regarding the payment of the future premium deposits in the sales illustration are not guaranteed and are based on the current rates of interest credited to the EPP Fund.
6. This application forms part of the contract for the abovementioned Policy.

Further, 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.

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Printed Name and Signature of Policy Owner