



The Insular Life Assurance Company, Ltd.  
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  
Tel.: (632) 8-582-1818 | VAT REG. TIN 000-464-124-000

## Proxy Form

Know All Men By These Presents:

That I, a policyholder and member of The Insular Life Assurance Company, Ltd. (“Company”), do hereby nominate, constitute and appoint my proxy below to attend and vote on my behalf at the Annual Members’ Meeting of the Company, and at any and all regular or special meetings of the members, and any adjournment thereof: *(please check one)*

Proxy Committee, pursuant to Section 3.4.2 of the Company’s By-Laws, as amended, composed of the Chairman of the Board, the Chief Executive Officer, the President, the Corporate Secretary, and the most senior Independent Trustee in terms of tenure; or

Name: \_\_\_\_\_  
*(Please indicate full name of your proxy and provide contact details.)*

Mobile No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

In case of his/her non-attendance, I authorize the Chairman of that Meeting to fully exercise all rights as my proxy at such meeting.

This proxy shall be valid and effective for a period of five (5) years from the time I become entitled to vote in accordance with the By-Laws of the Company.

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



\_\_\_\_\_  
Signature over Printed Name of Policyholder/Member