



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 | TIN 000-464-124 Non-VAT

BENEFICIARY INFORMATION FORM

IMPORTANT NOTES: The following information are being requested in compliance with the requirements of the Anti-Money Laundering Council. This form is for Individual Beneficiaries only. Accomplish an ENTITY INFORMATION FORM for each Non-Individual (Partnership, Corporation, NGO, etc.) Beneficiary. Fill in all applicable spaces. Mark all appropriate boxes with an X.

BENEFICIARY 1

GIVEN NAME		SURNAME		SUFFIX	
BENEFICIARY'S MOTHER'S MAIDEN NAME					
PREFERRED MAILING ADDRESS			CONTACT INFORMATION (at least one)		
NUMBER & STREET			Landline No. Country Code () Area Code ()		
VILLAGE			Country Code () Area Code ()		
BARANGAY			Mobile No. Country Code () Area Code ()		
MUNICIPALITY/CITY			Country Code () Area Code ()		
PROVINCE			Email Address:		
COUNTRY			Gender: M F		
ZIP CODE			Date of Birth (mm/dd/yy): / /		
			Civil Status: S M W A LS		
			Place of Birth :		
			Nationality:		
			Designation:		
			P R I C		
			Relation to Insured:		

BENEFICIARY 2

GIVEN NAME		SURNAME		SUFFIX	
BENEFICIARY'S MOTHER'S MAIDEN NAME					
PREFERRED MAILING ADDRESS			CONTACT INFORMATION (at least one)		
NUMBER & STREET			Landline No. Country Code () Area Code ()		
VILLAGE			Country Code () Area Code ()		
BARANGAY			Mobile No. Country Code () Area Code ()		
MUNICIPALITY/CITY			Country Code () Area Code ()		
PROVINCE			Email Address:		
COUNTRY			Gender: M F		
ZIP CODE			Date of Birth (mm/dd/yy): / /		
			Civil Status: S M W A LS		
			Place of Birth :		
			Nationality:		
			Designation:		
			P R I C		
			Relation to Insured:		

BENEFICIARY 3

GIVEN NAME		SURNAME		SUFFIX	
BENEFICIARY'S MOTHER'S MAIDEN NAME					
PREFERRED MAILING ADDRESS			CONTACT INFORMATION (at least one)		
NUMBER & STREET			Landline No. Country Code () Area Code ()		
VILLAGE			Country Code () Area Code ()		
BARANGAY			Mobile No. Country Code () Area Code ()		
MUNICIPALITY/CITY			Country Code () Area Code ()		
PROVINCE			Email Address:		
COUNTRY			Gender: M F		
ZIP CODE			Date of Birth (mm/dd/yy): / /		
			Civil Status: S M W A LS		
			Place of Birth :		
			Nationality:		
			Designation:		
			P R I C		
			Relation to Insured:		

BENEFICIARY 4

GIVEN NAME		SURNAME		SUFFIX	
BENEFICIARY'S MOTHER'S MAIDEN NAME					
PREFERRED MAILING ADDRESS			CONTACT INFORMATION (at least one)		
NUMBER & STREET			Landline No. Country Code () Area Code ()		
VILLAGE			Country Code () Area Code ()		
BARANGAY			Mobile No. Country Code () Area Code ()		
MUNICIPALITY/CITY			Country Code () Area Code ()		
PROVINCE			Email Address:		
COUNTRY			Gender: M F		
ZIP CODE			Date of Birth (mm/dd/yy): / /		
			Civil Status: S M W A LS		
			Place of Birth :		
			Nationality:		
			Designation:		
			P R I C		
			Relation to Insured:		

POLICYHOLDER'S NAME & SIGNATURE	DATE
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