



FOR THE AGENCY FORCE /
THIRD PARTY REPRESENTATIVE

Request for Policy Information
(For Non-VUL and VUL Policies)

Date:
Policy Number/s:
Name/s of Policy Owner:
Name/s of Insured:

Instruction: This form must be completed, currently dated and signed by the Policy Owner/s.

1. I/We hereby request for the following policy information on my/our policy listed above:

Non -VUL policies

- Cash Values
Accumulated Dividend
Premium Deposit Fund (PDF)
Anticipated Payments (Cash Allowance, Graduation Gift, Anticipated Endowments, Survivorship Benefit, etc.)
Non Forfeiture Options
Maturity Benefit
Others (Pls. specify):

VUL policies

- Fund Values
Fund Type
Number of Units
Others (Pls. specify):

2. I/We hereby consent to the release of the above policy information to my/our [relationship] [name], Insular Life may confirm with me the release of the policy information to said representative, through my/our contact details below.

3. This request shall be valid for:

- This particular transaction only
This transaction and for future transactions, from date of this request up to (maximum of 3 years), unless sooner revoked in writing. Such revocation shall take effect upon the Insular Life's actual receipt of the written notice.

4. I/We agree to indemnify and hold Insular Life, its officers, employees, agents, and other personnel from any and all claims, demands, or demands or liabilities of whatever nature and kind in connection with or arising out of the release of any of my/our policy information.

5. 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.

Signature over Printed Name of Policy Owner

Signature over Printed Name of Joint Policy Owner

Contact details
Address:
Landline:
Mobile:
Email:

Contact details
Address:
Landline:
Mobile:
Email:

Signature over Printed Name of Representative/Agent

Contact details
Address:
Landline:
Mobile:
Email:

For Insular Life use only Government-issued ID presented: (If not yet on file with us)

Table with 4 columns: Type, Policy Owner, Joint Policy Owner, Representative. Rows include Date Issued and ID No.