



Policy No/s:

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

SUPPLEMENTAL FORM - REGULATORY
(Acknowledgments and Declarations)

Instruction: Fill in all applicable spaces. Mark all appropriate boxes with an X.

DATA PRIVACY STATEMENT

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.

ANTI-FRAUD STATEMENT

FRAUD WARNING - It is unlawful for any person to (a) present or cause to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and (b) fraudulently prepare, make or subscribe any writing with intent to present or use the same, or to allow it to be presented in support of any claim. Such acts shall be punishable by a fine not exceeding twice the amount claimed or imprisonment of two (2) years, or both, at the discretion of the court. (Section 251, Insurance Code, as amended.)

MEDICAL INFORMATION DATABASE STATEMENT

In accordance with the Insurance Commission's Circular Letter No. 2016-54, your medical information will be uploaded to a Medical Information Database accessible to life insurance companies for the purpose of enhancing risk assessment and preventing fraud.

Once uploaded, all life insurance companies will only have limited access to your information in order to protect your right to privacy in accordance with law.

A copy of Circular Letter No. 2016-54 may be accessed at the Insurance Commission's website at www.insurance.gov.ph.

CUSTOMER DUE DILIGENCE (CDD) REQUIREMENTS

During the effectivity of the policy, I hereby agree to the following:

- 1. In case Insular Life is unable to comply with the relevant CDD measures as required under Republic Act 9160 or the Anti-Money Laundering Act, as amended and relevant issuances due to my fault, Insular Life may apply the following:
a. Measures to restrict the services available or prohibit any further transactions on the policy until full and proper CDD measures have been successfully conducted; and
b. In case the foregoing is unsuccessful, terminate business relationship. The exercise of Insular Life of this measure shall only entitle me to receive the unused portions of premium or withdrawal value, if any, whichever is applicable.
2. Be bound by the obligations set out in relevant United Nations Security Council Resolutions (UNCSR) relating to the prevention and suppression of proliferation financing of Weapons of Mass Destruction (WMD), including the freezing and unfreezing actions as well as prohibitions from conducting transactions with designated persons and entities.

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)¹

Are you a US Person under US laws? YES NO

US Person means a) a US Citizen (including dual citizens where one country of citizenship is the US); b) US Permanent Resident; c) a person with substantial presence of more than 31 days in the current calendar year or a total of 183 days over the past 3 years from the current year; or d) a partnership/corporation organized in the US; e) US-owned foreign entity with 1 or more substantial US owner (one who owns more than 10% of the entity by vote or value).

If you are not a US Person under US laws, do you have any of the following US indicia? YES NO

a) US place of birth; b) current US residence address, mailing address, phone number associated with a financial account maintained in the US; c) a standing instruction to transfer funds to that account; d) a Power of Attorney or signatory authority granted to a person with a US address; or e) has an "in care of" address or "hold mail" address that is your sole address.

If you answered YES to any of the aforementioned questions, please accomplish the FATCA form to be provided by your Financial advisor/Broker/Agent.

DECLARATION

I/We declare that I/we have read the foregoing and agreed to the above statements and attest that my/our answers above are true and complete to the best of my/our knowledge.

I/We understand that these acknowledgments and declarations shall be part of the processing and decision making of all my/our policy servicing transactions.

POLICYHOLDER
Signature over Printed Name

DATE

INSURED
Signature over Printed Name

DATE

PARENT/GUARDIAN
Signature over Printed Name
(If the Insured is below 18 years old)

DATE

¹(Instruction to Insular Life Customer Care Staff: If US Person or with US Indicia, please request Policyholder to accomplish the other required FATCA forms)