

FOR THE AGENCY FORCE / THIRD PARTY REPRESENTATIVE

REQUEST TO RELEASE CHECK/POLICY DOCUMENTS TO REPRESENTATIVE/AGENT

Date: _____

Policy Number/s: _____

Name/s of Policy Owner/s: _____

Name/s of Insured: _____

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

1. I/We hereby request The Insular Life Assurance Co. Ltd. ("Insular Life") to release to my/our representative/agent, (name) _____, the check payment representing proceeds of my/our transaction and documents as indicated below:

- | | |
|--|---|
| <input type="checkbox"/> Policy Loan
<input type="checkbox"/> Dividend Withdrawal
<input type="checkbox"/> Premium Deposit Fund (PDF) Withdrawal/Refund of Excess
<input type="checkbox"/> Maturity Benefit
<input type="checkbox"/> Surrender
<input type="checkbox"/> VUL Withdrawal (partial/full) | <input type="checkbox"/> Anticipated Payments (Cash Allowance, Graduation Gift, Anticipated Endowments, Survivorship Benefit, etc.)
<input type="checkbox"/> Excess from Non-Forfeiture Options processing
<input type="checkbox"/> Policy contract policy endorsement and other documents related to the transaction _____
<input type="checkbox"/> Others (pls. specify) _____ |
|--|---|

2. This request shall be valid for
 This particular transaction only
 This transaction and for all future transactions, from date of this request up to _____ (maximum of 3 years), resulting in a payment to me/our for this policy, unless I/we revoke this request in writing before the end of said period. I/We understand that such revocation shall take effect upon Insular Life's Actual receipt or my/our written notice.

3. I/We also hereby authorize my/our above-named representative/agent to sign any and all documents in relation to the release and receipt of the above mentioned check and policy documents.

4. I/We, upon receipt by my/our representative/agent of the above mentioned checks from Insular Life, do hereby release and discharge Insular Life, its officers, employees, agents, and other personnel from any and all claims, demands or liabilities of whatever nature and kind in connection with or arising out of all the incidents related or in connection with the above insurance policy transaction/s and forever warrant and defend the aforesaid payment/s, and save harmless Insular Life from any and all other claimants.

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: _____

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

	Policy Owner	Joint Policy Owner	Representative
Type	_____	_____	_____
Date Issued	_____	_____	_____
ID No.	_____	_____	_____