

Insular Life Corporate Centre, Insular Life Drive Filinvest Corporate City, Alabang, 1781 Muntinlupa City E-mail: headofc@insularlife.com.ph • Website: www.insularlife.com.ph Tel.: 582-1818 • Fax: 771-1717 • TIN 000-464-124 Non-VAT

BENEFICIARY INFORMAT	ION FORM	IMPORTANT NOTE: The following information are being requested in compliance with the requirements of the Anti-Money Laundering Council.
BENEFICIARY 1		
GIVEN NAME	SURNAME	SUFFIX
BENEFICIARY'S MOTHER'S MAIDEN NAME		I
PREFERRED MAILING ADDRESS ☐ HOME ☐ OFFICE		CONTACT INFORMATION (at least one)
PREFERRED MAILING ADDRESS		Landline No. Country Code ( ) Area Code ( ) Number ( )
		Country Code ( ) Area Code ( ) Number ( )
VILLAGE		Mobile No.   Country Code (
BARANGAY		Fax No. Country Code ( ) Area Code ( ) Number ( )
MUNICIPALITY/CITY		Country Code ( ) Area Code ( ) Number ( )
PROVINCE		Email Address: Gender:     Gender:   M   F
COUNTRY	ZIP CODE	*Civil Status:   S   M   W   A   LS   Date of Birth (mm/dd/yy):     /       /
COUNTRY	ZIP CODE	Designation:
BENEFICIARY 2		
GIVEN NAME	SURNAME	SUFFIX
BENEFICIARY'S MOTHER'S MAIDEN NAME		I
DDEFENDED MAILING ADDRESS.		CONTACT INFORMATION (at least one)
PREFERRED MAILING ADDRESS		Landline No. Country Code ( ) Area Code ( ) Number ( )
		Country Code ( ) Area Code ( ) Number ( )
VILLAGE		Mobile No.   Country Code (
BARANGAY		Fax No. Country Code ( ) Area Code ( ) Number ( )
		Country Code ( ) Area Code ( ) Number ( )
MUNICIPALITY/CITY		Email Address: Gender:   Gender:   M   F
PROVINCE		*Civil Status: S M W A LS Date of Birth (mm/dd/yy): A C A C A C A C A C A C A C A C A C A
COUNTRY	ZIP CODE	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 ( ) Number ( ) Country Code ( ) Area Code ( ) Number ( )
VILLAGE		Mobile No. Country Code ( ) Area Code ( ) Number ( )
		Country Code ( ) Area Code ( ) Number ( )  Fax No. Country Code ( ) Area Code ( ) Number ( )
BARANGAY		Country Code ( ) Area Code ( ) Number ( )
MUNICIPALITY/CITY		Email Address: Gender:   Gender:   F
PROVINCE		*Civil Status:  S M W A LS Date of Birth (mm/dd/yy):  Date of Birth (mm/dd/yy):
COUNTRY	ZIP CODE	Relation to Insured:  Designation:  P R C
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 ( ) Number ( )
VIII AGE		Country Code ( ) Area Code ( ) Number ( )  Mobile No. Country Code ( ) Area Code ( ) Number ( )
VILLAGE		Country Code ( ) Area Code ( ) Number ( )
BARANGAY		Fax No.         Country Code ( )         Area Code ( )         Number ( )           Country Code ( )         Area Code ( )         Number ( )
MUNICIPALITY/CITY		Email Address: Gender: □ M □ F
PROVINCE		*Civil Status: \( \) S \( \) M \( \) W \( \) A \( \) LS \( \) Date of Birth (mm/dd/yy): \( \) \(
COUNTRY	ZIP CODE	Relation to Insured:  Designation:   C  C
POLICYHOLDER'S NAME & SIGNATURE		DATE