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 Tel.: 8-582-1818 * Fax: 8-771-1717

CHANNEL IN (please select by indicating a ✓): OTC PHONE EMAIL MAIL FAX WEB SMS OP OTHERS _____

CUSTOMER INFORMATION AND COMPLIANCE

SUPRACASHANDOG NO: (Choose from numbers 01 - 40) _____		POLICY NO/S. <input type="checkbox"/> ALL (please select by indicating a ✓)	
Given Name	Surname	Suffix	Civil Status
Mother's Maiden Name Given Name _____ Surname _____		Birth Name Given Name _____ Surname _____	
Gender (please select by indicating a ✓): <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Place of Birth: Town/City _____ Province _____	

PREFERRED MAILING ADDRESS & CONTACT INFORMATION (please select by indicating a ✓): RESIDENCE/PRESENT OFFICE PERMANENT

Number and Street:	CONTACT NUMBERS Landline Nos. Country Code: _____ Area Code: _____ PTE #: _____ Tel No: _____ Country Code: _____ Area Code: _____ PTE #: _____ Tel No: _____
Village/Barangay:	
Municipality/City	
Province:	Mobile Nos. Country Code: _____ Mobile No: _____ Country Code: _____ Mobile No: _____
Country: _____ Zip Code: _____	Fax No. Country Code: _____ Area Code: _____ PTE #: _____ Tel No: _____
Email Address:	
Valid ID Presented / ID No.:	

DATA PRIVACY STATEMENT

I/We understand that as a financial institution, Insular Life is subject to existing and future government regulations. I/We 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/we authorize Insular Life to process my/our personal and sensitive personal information including but not limited to its collection, use, retention, destruction or sharing with Insular Life subsidiaries, affiliates, agents, authorized third parties, and any medical information sharing facility for any legitimate purpose, including but not limited to underwriting and administration of insurance policies and insurance claims, marketing and promotion of products, market research, data analytics and automated processing systems, internal and external audit.

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/We hold Insular Life free and harmless from any liability that may arise from any collection, use, retention, destruction or sharing of said information as mentioned above.

PROXY

Know All Men By These Presents:

That I, the undersigned policyholder and member of The Insular Life Assurance Company, Ltd., do hereby nominate, constitute and appoint (please check one):

Proxy Committee pursuant to Section 3.4.2 of the Company's By-Laws, as amended (with the Executive Committee Chairman, the President and the Corporate Secretary, as members thereof, or in case of concurrence of any two of the foregoing positions in one persons, then the Chairman of the Board becomes a member of the Proxy Committee) or any one of them, if only one be present, or the Board Chairman; or

_____ (Please indicate name of appointed proxy)*

as my proxy to vote at any and all regular or special meetings of the members of The Insular Life Assurance Company, Ltd., and any adjournment thereof, as fully for all intents and purposes, as I could lawfully do if present and acting in person. In case of non-attendance of my designated proxy, I authorize and empower the Chairman of the Meeting to fully exercise all rights as my proxy at such meeting.

This proxy shall be valid and effective and continue to be so for a period of five (5) years commencing on this date, in accordance with the by-laws of The Insular Life Assurance Company, Ltd., as amended.

*Please provide complete details of your appointed proxy:

Given Name: _____ Surname: _____ Suffix: _____
 Date of Birth: (mm/dd/yyyy) _____
 Address: _____
 Valid ID Presented / ID No.: _____
 Contact information: (E-mail/ Mobile number/ Landline) _____

Witness _____

This is to allow Insular Life to update my customer and policy records based on the data and consent I have provided relative to my CONTACT INFORMATION, DATA PRIVACY and PROXY RECORDS.

Signed this _____ day of _____, 20____ at _____.

✓ _____
 SIGNATURE OVER PRINTED NAME OF CUSTOMER

CUSTOMER REPRESENTATIVE (please select by indicating a ✓): Referrer policyholder Financial Advisor Third Party Representative InLife Employee

If referrer is a policyholder, indicate SUPRA raffle entry _____ - _____ - _____ - _____ - _____

Given Name: _____ Surname: _____
 Relationship to Customer: _____ Landline, Mobile number and Email ID and No: _____
 Address of Third Party Representative: _____

FA / Employee ID No/
 Customer Representative