



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) 582-1818 • Fax: (632) 771-1717 • TIN 000-464-124 Non-VAT

Policy No.

ENTITY INFORMATION

Role of Entity in the Policy: <input type="checkbox"/> Applicant-Owner only <input type="checkbox"/> Applicant-Owner and Beneficiary <input type="checkbox"/> Beneficiary only <small>(Please fill out another Entity Information form for each Entity-Beneficiary)</small>			
SEC/DTI/CDA Registered Name : _____		Nature of Business: _____	
Date of Registration (mm/dd/yyyy): <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> - <input type="text"/>		Tax Identification Number (TIN): <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	
CORPORATE ADDRESS _____ Street _____ Village _____ Barangay _____ Municipality/City _____ Province _____ Country _____ Zip Code		CONTACT INFORMATION OFFICE NUMBER/S: _____ FAX NUMBER/S: _____ () _____ () _____ Area Code Number Area Code Number () _____ () _____ Area Code Number Area Code Number () _____ () _____ Area Code Number Area Code Number	
AUTHORIZED SIGNATORY INFORMATION			
Given Name _____		Surname _____	Suffix (Jr./Sr.) _____
Position _____		Rank _____	Department _____
Date of Birth (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> - <input type="text"/>		Place of Birth _____	Nationality _____
Valid ID presented: <input type="checkbox"/> SSS ID <input type="checkbox"/> GSIS ID <input type="checkbox"/> Driver's License <input type="checkbox"/> UMID <input type="checkbox"/> Company ID <input type="checkbox"/> Passport Others _____			
Identification Number _____			
SOURCE OF FUNDS* (select at least one) <input type="checkbox"/> Business income <input type="checkbox"/> Family income <input type="checkbox"/> Income from Employment <input type="checkbox"/> Savings <input type="checkbox"/> Other _____			
PRESENT ADDRESS _____ Street _____ Village _____ Barangay _____ Municipality/City _____ Province _____ Country _____ Zip Code		CONTACT INFORMATION LANDLINE () _____ Area Code Number FAX () _____ Area Code Number CELL NO. () _____ Area Code Number OFFICE EMAIL _____ PERSONAL EMAIL _____	
INSTRUCTION/GUIDE: • A Beneficial Owner is a Natural Person who has at least 20% ownership of a juridical entity. An entity may have more than one Beneficial Owner. • You may use additional sheets for other beneficial owners, if necessary.			
BENEFICIAL OWNER INFORMATION			
BENEFICIAL OWNER 1 Given Name _____ Surname _____ Suffix (Jr./Sr.) _____ Date of Birth (mm/dd/yyyy) _____ Place of Birth _____ Nationality _____ Source of Funds _____ Nature of Work _____ PRESENT ADDRESS _____ Street _____ Village _____ Barangay _____ Municipality/City _____ Province _____ Country _____ Zip Code CONTACT INFORMATION LANDLINE () _____ Area Code Number FAX () _____ Area Code Number CELL NO. () _____ Area Code Number OFFICE EMAIL _____ PERSONAL EMAIL _____		BENEFICIAL OWNER 2 Given Name _____ Surname _____ Suffix (Jr./Sr.) _____ Date of Birth (mm/dd/yyyy) _____ Place of Birth _____ Nationality _____ Source of Funds _____ Nature of Work _____ PRESENT ADDRESS _____ Street _____ Village _____ Barangay _____ Municipality/City _____ Province _____ Country _____ Zip Code CONTACT INFORMATION LANDLINE () _____ Area Code Number FAX () _____ Area Code Number CELL NO. () _____ Area Code Number OFFICE EMAIL _____ PERSONAL EMAIL _____	
BENEFICIAL OWNER 3 Given Name _____ Surname _____ Suffix (Jr./Sr.) _____ Date of Birth (mm/dd/yyyy) _____ Place of Birth _____ Nationality _____ Source of Funds _____ Nature of Work _____ PRESENT ADDRESS _____ Street _____ Village _____ Barangay _____ Municipality/City _____ Province _____ Country _____ Zip Code CONTACT INFORMATION LANDLINE () _____ Area Code Number FAX () _____ Area Code Number CELL NO. () _____ Area Code Number OFFICE EMAIL _____ PERSONAL EMAIL _____		BENEFICIAL OWNER 4 Given Name _____ Surname _____ Suffix (Jr./Sr.) _____ Date of Birth (mm/dd/yyyy) _____ Place of Birth _____ Nationality _____ Source of Funds _____ Nature of Work _____ PRESENT ADDRESS _____ Street _____ Village _____ Barangay _____ Municipality/City _____ Province _____ Country _____ Zip Code CONTACT INFORMATION LANDLINE () _____ Area Code Number OFFICE EMAIL _____ FAX () _____ Area Code Number PERSONAL EMAIL _____ CELL NO. () _____ Area Code Number	
BENEFICIAL OWNER 5 Given Name _____ Surname _____ Suffix (Jr./Sr.) _____ Date of Birth (mm/dd/yyyy) _____ Place of Birth _____ Nationality _____ Source of Funds _____ Nature of Work _____ PRESENT ADDRESS _____ Street _____ Village _____ Barangay _____ Municipality/City _____ Province _____ Country _____ Zip Code CONTACT INFORMATION LANDLINE () _____ Area Code Number OFFICE EMAIL _____ FAX () _____ Area Code Number PERSONAL EMAIL _____ CELL NO. () _____ Area Code Number			
CONFIRMATION OF INFORMATION			
I have read the above information and certify its truth and accuracy. I agree that this information shall be part of the Application and are made to induce The Insular Life Assurance Co., Ltd. to issue the Policy applied for.			
_____ AUTHORIZED SIGNATORY Signature Over Printed Name		_____ Date	