



**Insular**  
Life

The Insular Life Assurance Co., Ltd. Insular Life Corporate Centre  
Insular Life Drive, Filinvest Corporate City, Alabang  
1781 Muntinlupa City, Philippines  
Email: headof@insular.com.ph • Website: www.insularlife.com.ph  
Tel: (632) 582-1818 • Fax: (632) 771-1717

**REGULAR-PAY WEALTH SERIES  
APPLICATION FOR  
INCREASE/DECREASE IN REGULAR  
PREMIUM**

Policy No: \_\_\_\_\_

**1. INSURED**

<b>Prefix</b>	<b>Given Name</b>	<b>Surname</b>	<b>Suffix</b>	<b>Suffix Title</b>
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**2. POLICY OWNER**

<b>Prefix</b>	<b>Given Name</b>	<b>Surname</b>	<b>Suffix</b>	<b>Suffix Title</b>
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**3. INCREASE/DECREASE REGULAR PREMIUM**

From PhP _____	To PhP _____
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New Premium Direction desired

Peso Fixed Income Fund	_____ %
Peso Balanced Fund	_____ %
Peso Equity Fund	_____ %
Others:	

**I/WE HEREBY DECLARE AND AGREE THAT:**

1. If the new regular premium results to an increase in sum insured, the insured must not have attained the maximum age indicated in the contract upon approval of this application.
2. The new regular premium must meet the minimum premium requirement of Insular Life.
3. The minimum amount by which I/we can increase my/our regular premium is subject to the guidelines set by the Company at the time of this application.
4. The new regular premium will be effective on the next premium due date after this application is approved by Insular Life. However, if there is an increase in sum insured, the increased regular premium will be effective on the next premium due date after my/our application for increase in sum insured is approved by Insular Life or the next premium due date after my/our acceptance of the non-standard terms is received by Insular Life.
5. The new regular premium will be invested according to the premium direction as indicated in this application or Application for Premium Redirection, whichever is in effect as of the approval date of this application.
6. If the sum insured is less than the new minimum guaranteed death benefit, we will apply for an increase in sum insured to equal the minimum guaranteed death benefit. Any application for increase in sum insured will be subject to underwriting requirements. If the application for increase in sum insured is not submitted within the thirty (30) days from the date this application is received by Insular Life, then this application will be considered a declined application.
7. When an increase in sum insured occurs, the insurance charges will likewise increase. If the increase in sum insured also applies to the supplementary contract, the charges for these supplementary contracts will also increase.
8. In case the increase in sum insured required with this application for increase in regular premium is approved under non-standard terms, I/we shall have the option of rejecting the offer. Insular Life shall then refund the amount deposited corresponding to the increase in regular premium. In such case, the increase in regular premium will not be approved by Insular Life.
9. If any required increase in sum insured is declined, the increase in regular premium will likewise be declined and Insular Life will refund the amount deposited corresponding to the increase in regular premium.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
**POLICY OWNER**  
Printed Name and Signature

\_\_\_\_\_  
**IRREVOCABLE BENEFICIARY**  
Printed Name and Signature

\_\_\_\_\_  
**WITNESS/AGENT**  
Printed Name and Signature

\_\_\_\_\_  
**ASSIGNEE/S**  
Printed Name and Signature

**FOR HOME OFFICE USE ONLY**

Effective Date of New Premium: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ Office: \_\_\_\_\_ Date: \_\_\_\_\_ Secrets Number: \_\_\_\_\_  
Printed Name and Signature

Approved by: \_\_\_\_\_ Office: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name and Signature

HOME OFFICE ENDORSEMENT: