



Insular
Life

The Insular Life Assurance Co., Ltd. Insular Life Corporate Centre
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**WEALTH SECURE
APPLICATION FOR
INCREASE/DECREASE IN REGULAR
PREMIUM**

Policy No: _____

1. INSURED

Prefix	Given Name	Surname	Suffix	Suffix Title
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2. POLICY OWNER

Prefix	Given Name	Surname	Suffix	Suffix Title
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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 seventy (70) years of age 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.
5. The new regular premium will be invested according to the premium direction as indicated in this application or Application for Wealth Secure 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. 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.
9. 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.
10. 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: