



Request for Policy Information (For Non-VUL and VUL Policies)

Date: _____
Policy Number/s: _____
Name of Policyholder: _____
Name of Insured: _____

Instruction: This form must be completed, currently dated and signed by the Policyholder(s).

1. I hereby request for the following policy information on my policy listed above :

Non -VUL policies

- Cash Values
- Accumulated Dividend
- Premium Deposit Fund (PDF)
- Anticipated Payments (Cash Allowance, Graduation Gift, Anticipated Endowments, Survivorship Benefit, etc.)
- Non Forfeiture Options
- Maturity Benefit
- Others (Pls. specify): _____

VUL policies

- Fund Values
- Fund Type
- Number of Units
- Others (Pls. specify): _____

2. I hereby consent to the release of the above policy information to my [relationship] _____, [name] _____. Insular Life may confirm with me the release of the policy information to said representative, through my contact details below.

3. This request shall be valid for
 This particular transaction only
 This transaction and for future transactions, from date of this request up to _____ (maximum of 3 years), unless sooner revoked in writing. Such revocation shall take effect upon Insular Life’s actual receipt of the written notice.

4. I agree to indemnify and hold Insular Life, its officers, employees, agents, and other personnel from any and all claims, demands or liabilities of whatever nature and kind in connection with or arising out of the release of any of my policy information.

Signature over Printed Name of Policyholder
 Contact details
 Address: _____

 Landline: _____
 Mobile: _____
 Email: _____

Signature over Printed Name of Representative
 Contact details
 Address: _____

 Landline: _____
 Mobile: _____
 Email: _____

For Insular Life use only Government-issued ID presented: *(If not yet on file with us)*

Type	_____	_____
Date Issued	_____	_____
ID No.	_____	_____