



**REQUEST TO RELEASE CHECK/POLICY DOCUMENTS TO REPRESENTATIVE/AGENT**

Date: \_\_\_\_\_

Policy Number/s: \_\_\_\_\_

Name of Policyholder: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

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

1. I hereby request The Insular Life Assurance Co. Ltd. (“Insular Life”) to release to my representative/agent, (name) \_\_\_\_\_, the check payment representing proceeds of my transaction and documents as indicated below:

- |   |   |
|---|---|
| <input type="checkbox"/> Policy Loan  | <input type="checkbox"/> Anticipated Payments (Cash Allowance, Graduation Gift, Anticipated Endowments, Survivorship Benefit, etc.) |
| <input type="checkbox"/> Dividend Withdrawal                                    | <input type="checkbox"/> Excess from Non-Forfeiture Options processing  |
| <input type="checkbox"/> Premium Deposit Fund (PDF) Withdrawal/Refund of Excess | <input type="checkbox"/> Policy contract, policy endorsement and other documents related to the transaction _____                   |
| <input type="checkbox"/> Maturity Benefit                                       | <input type="checkbox"/> Others (pls. specify) _____  |
| <input type="checkbox"/> Surrender  |   |
| <input type="checkbox"/> VUL Withdrawal (partial/full)                          |   |

2. This request shall be valid for  
 This particular transaction only  
 This transaction and for all future transactions, from date of this request up to \_\_\_\_\_ (maximum of 3 years), resulting in a payment to me for this policy, unless I revoke this request in writing before the end of said period. I understand that such revocation shall take effect upon Insular Life’s actual receipt of my written notice.

3. I also hereby authorize my above-named representative/agent to sign any and all documents in relation to the release and receipt of the above mentioned check and policy documents.

4. I, upon receipt by my representative/agent of the above mentioned checks from Insular Life, do hereby release and discharge 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 all the incidents related or in connection with the above insurance policy transaction/s and forever warrant and defend the aforesaid payment/s, and save harmless Insular Life from any and all other claimants.

**Signature over Printed Name of Policyholder**

Contact details  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Landline: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

**Signature over Printed Name of Representative/Agent**

Contact details  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Landline: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

=====  
**For Insular Life use only: (If not yet on file with us)**

Policyholder  
Government-issued ID presented:

Representative/Agent  
Government-issued ID presented:

\_\_\_\_\_  
(ID Type, Date Issued and No.)

\_\_\_\_\_  
(ID Type, Date Issued and No.)