



### Special Power of Attorney

**KNOW ALL MEN BY THESE PRESENTS:**

I/We, \_\_\_\_\_, of legal age, Filipino, single [or married to \_\_\_\_\_], have named, constituted and appointed, and by these presents, do hereby name, constitute and appoint \_\_\_\_\_, also of legal age, Filipino, single/married, to be my/our true and lawful Attorney-in-Fact for me/us and in my/our name, place and stead, and for my/our own use and benefit, to do and perform all or any of the following acts and things, namely:

- To file with The Insular Life Assurance Company, Ltd. (“Insular Life”), in my/our behalf, application for
  - maturity benefit       survivorship benefit       others: \_\_\_\_\_
  - death benefit       loan

under Insular Life’s \_\_\_\_\_, issued on the life of \_\_\_\_\_  
[type of plan]  
\_\_\_\_\_ with Policy Number \_\_\_\_\_  
[name of insured]  
issued on \_\_\_\_\_ and to comply with all the relevant processing  
[effective date]  
requirements of Insular Life for the purpose;

- To receive from Insular Life in my behalf, the corresponding check representing payment of the \_\_\_\_\_ proceeds under **Policy No.** \_\_\_\_\_;
- To execute and sign any and all the necessary agreements, documents and other legal papers pertaining to the above powers to give effect to the foregoing authority.

**HEREBY GIVING AND GRANTING** unto said attorney-in-fact full powers and authority to do and perform all and every act and things whatsoever requisite and necessary to carry into effect the foregoing authority, as fully to all intents and purposes as I/we might or could lawfully do if personally present, and hereby ratifying and confirming all that my/our said attorney-in-fact shall lawfully do or cause to be done by virtue of these presents.

I/We, upon receipt by my/our Attorney-in-Fact of the check representing the payment of \_\_\_\_\_ proceeds under **Policy No.** \_\_\_\_\_ 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 and forever warrant and defend the aforesaid payment, and save harmless Insular Life from any and all other claimants.

**IN WITNESS WHEREOF**, I/we have hereunto set my/our hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, in the City of \_\_\_\_\_.

\_\_\_\_\_  
Printed Name and Signature of  
Policyholder/Beneficiary

Address \_\_\_\_\_  
\_\_\_\_\_

Landline \_\_\_\_\_  
Cellphone \_\_\_\_\_  
Email address \_\_\_\_\_

\_\_\_\_\_  
Printed Name and Signature of  
Policyholder/Beneficiary

Address \_\_\_\_\_  
\_\_\_\_\_

Landline \_\_\_\_\_  
Cellphone \_\_\_\_\_  
Email address \_\_\_\_\_

Conforme:

\_\_\_\_\_  
Name and signature of the Attorney-in-Fact

Address \_\_\_\_\_  
\_\_\_\_\_

Landline \_\_\_\_\_  
Cellphone \_\_\_\_\_  
Email address \_\_\_\_\_

**SIGNED IN THE PRESENCE OF:**

\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Landline \_\_\_\_\_  
Cellphone \_\_\_\_\_  
Email address \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Landline \_\_\_\_\_  
Cellphone \_\_\_\_\_  
Email address \_\_\_\_\_

**[This document must be notarized]**  
**[If principal is abroad, this document must be authenticated at the nearest Philippine Consular Office]**

Note: Any check to be issued will be payable to the principal and not to the attorney in fact and the check shall be for deposit only.