



Insular
Life

The Insular Life Assurance Co., Ltd. Insular Life Corporate Centre
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**WEALTH SERIES
APPLICATION FOR
RIDER ADDITION /
CANCELLATION / AMENDMENT**

Policy No: _____

1. INSURED

Prefix	Given Name	Surname	Suffix	Suffix Title
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Occupation Details:

Occupation/Position: _____ Employer/Company Name: _____
Describe nature of business: _____
Describe nature of work: _____
If OFW (please check) Seabased Landbased: Country of work _____

2. POLICY OWNER

Prefix	Given Name	Surname	Suffix	Suffix Title
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3. Rider Addition/Cancellation/Amendment Options

SUPPLEMENTARY BENEFITS DESIRED	SUPPLEMENTARY BENEFITS TO BE CANCELLED	SUPPLEMENTARY BENEFITS TO BE AMENDED
<input type="checkbox"/> Accidental Death Benefit Rider	<input type="checkbox"/> Accidental Death Benefit Rider	<input type="checkbox"/> HR FROM _____ units TO _____ units
<input type="checkbox"/> Special Accident Rider	<input type="checkbox"/> Special Accident Rider	<input type="checkbox"/> HPR FROM _____ units TO _____ units
<input type="checkbox"/> Special Accident Rider with Disability Indemnity	<input type="checkbox"/> Special Accident Rider with Disability Indemnity	<input type="checkbox"/> Others: _____
<input type="checkbox"/> Others: _____	<input type="checkbox"/> Others: _____	

4. For Policy Owner, average monthly income from Employment/Businesses/Investments. ₱ _____

5. UNDERWRITING INFORMATION (to be filled out for rider addition)

1. Have you ever sought consultation or advice for health or medical reasons or been treated or confined in a hospital, sanitarium or similar institution?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DETAILS OF "Yes" ANSWERS (Please identify question number and include dates, diagnosis, duration of illness, results of treatment or tests done, and name and addresses of all Attending Physicians and medical facilities. Use separate sheet, if necessary.)
2. Have you ever been told you had: cancer or growth of any kind, diabetes, epilepsy, heart trouble, high blood pressure, tuberculosis, kidney disorder, mental/neurologic disorder or HIV-AIDS? If YES, please specify the ailment/impairment.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Have you made any application for life, accident or sickness insurance or for reinstatement thereof which has been declined, postponed or modified in kind, amount or rate? If YES, please specify details.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Do you have other pending insurance applications with any other Company?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Have you ever engaged in or do you intend to engage in any car/motorcycle/motorboat racing, sky/scuba diving, and any other hazardous activities/sports/hobbies or make aerial flights as a pilot or crew member?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. Do you intend to change residence or work abroad within the next 12 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

I/WE HEREBY DECLARE AND AGREE THAT:

- Each of the foregoing statements written is true and correct and that I/we have fully stated all exceptions to each of the statements. I/We agree that if no exceptions are listed in the blank space provided for such exceptions, it shall have the same force and effect as if the word "NONE" were written therein.
- The addition/cancellation/amendment of rider/s will be effective on the next monthly policy anniversary after this application is approved by Insular Life.
- The Insured must submit to Insular Life satisfactory evidence of insurability at my/our own expense.
- The insurance charges will increase/decrease with the addition/deletion/amendment of riders.
- The benefits provided by the amended/added rider/s cannot exceed the maximum risk that Insular Life can assume for the particular rider/s.
- The rider charges will be based on the attained age of the insured.
- The rider charges will be deducted from the fund value of the Policy every monthly policy anniversary.
- The liability of Insular Life shall end on the monthly policy anniversary that the cancellation of the rider/s becomes effective.
- Any additional rider coverage will be subject to the incontestability and suicide provision of the policy.
- The regular premium remains the same unless an Application for Increase/Decrease in Regular Premium is submitted at the same time.

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/FIELD OFFICE USE ONLY

Effective Date of Addition/Cancellation: _____

RECEIVED BY: _____ Office: _____ Date: _____ Secrets Number: _____
Printed Name and Signature

Approved by: _____ Office: _____ Date: _____
Printed Name and Signature

HOME OFFICE ENDORSEMENT:

Do not detach this portion

No. _____

AUTHORIZATION TO RELEASE RECORDS AND INFORMATION

In connection with my application for a life insurance policy with The Insular Life Assurance Co., Ltd. ("Insular Life") or with any matter relating to that insurance policy, if issued, I hereby authorize and request you or any physician, surgeon, hospital, clinic, insurance company, or other organizations to give Insular Life or its authorized representative, any and all information regarding my health, sickness or disease, injury, medical history, including any all records of my hospitalization, consultation, diagnosis, treatments which you/they may have acquired in attending to me in your/their professional capacity. A photocopy of this authorization shall be valid as the original.

Printed Name and Signature of Policy Owner

Printed Name and Signature of the Insured