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 Tel.: 582-1818 \* Fax: 771-1717

CHANNEL IN (please select by indicating a ✓):  OTC  PHONE  EMAIL  MAIL  FAX  WEB  SMS  OP  OTHERS \_\_\_\_\_

### CUSTOMER INFORMATION AND COMPLIANCE

SUPRACASHANDOG NO: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ POLICY NO/S.  ALL (please select by indicating a ✓)

Given Name \_\_\_\_\_ Surname \_\_\_\_\_ Suffix \_\_\_\_\_ Civil Status \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Birth Name \_\_\_\_\_  
 Given Name \_\_\_\_\_ Surname \_\_\_\_\_

Gender (please select by indicating a ✓):  Male  Female Date of Birth \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_  
 Town/City \_\_\_\_\_ Province \_\_\_\_\_

PREFERRED MAILING ADDRESS & CONTACT INFORMATION (please select by indicating a ✓):  RESIDENCE/PRESENT  OFFICE  PERMANENT

Number and Street:	<b>CONTACT NUMBERS</b>
Barangay:	
Municipality/City	
Province:	Landline Nos. Country Code ( ) Area Code ( ) Number ( ) Country Code ( ) Area Code ( ) Number ( )
Country:	Mobile Nos. Country Code ( ) Area Code ( ) Number ( ) Country Code ( ) Area Code ( ) Number ( )
Zip Code:	Fax No. Country Code ( ) Area Code ( ) Number ( )
Email Address:	

### DATA PRIVACY STATEMENT

I/We understand that as a financial institution, Insular Life is subject to existing and future government regulations. I/We therefore agree to be bound by all applicable domestic and international laws in relation to any matter including but not limited to anti-money laundering, tax monitoring and data privacy.

In this connection, I/we authorize Insular Life to process my/our personal and sensitive personal information including but not limited to its collection, use, retention, destruction or sharing with our subsidiaries, affiliates, agents, authorized third parties, and any medical information sharing facility for any legitimate purpose, including but not limited to underwriting and administration of insurance policies and insurance claims, marketing and promotion of products, market research, data analytics and automated processing systems, internal and external audit.

I/We also confirm that I/we have sought the consent of the insured and/or the beneficiary/ies in sharing his/her personal and sensitive personal information, as may be applicable.

I/We hold Insular Life free and harmless from any liability that may arise from any collection, use, retention, destruction or sharing of said information as mentioned above.

### PROXY

Know All Men By These Presents:

That I, the undersigned policyholder and member of The Insular Life Assurance Company, Ltd., do hereby nominate, constitute and appoint (please check one):

Proxy Committee pursuant to Section 3.4.2 of the Company's By-Laws, as amended (with the Executive Committee Chairman, the President and the Corporate Secretary, as members thereof, or in case of concurrence of any two of the foregoing positions in one persons, then the Chairman of the Board becomes a member of the Proxy Committee) or any one of them, if only one be present, or the Board Chairman; or

\_\_\_\_\_ (Please indicate name of designated proxy)\*

as my proxy to vote at any and all regular or special meetings of the members of The Insular Life Assurance Company, Ltd., and any adjournment thereof, as fully for all intents and purposes, as I could lawfully do if present and acting in person. In case of non-attendance of my designated proxy, I authorize and empower the Chairman of the Meeting to fully exercise all rights as my proxy at such meeting.

This proxy shall be valid and effective and continue to be so for a period of five (5) years commencing on this date, in accordance with the by-laws of The Insular Life Assurance Company, Ltd., as amended.

\*Please provide complete details of your appointed

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ Witness \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Government ID / ID No.: \_\_\_\_\_  
 Contact information: (E-mail/ Mobile number/ Landline) \_\_\_\_\_

This is to allow Insular Life to update my customer and policy records based on the data and consent I have provided relative to my CONTACT INFORMATION, DATA PRIVACY and PROXY RECORDS.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_.

✓ \_\_\_\_\_  
 SIGNATURE OVER PRINTED NAME OF CUSTOMER

CUSTOMER REPRESENTATIVE (please select by indicating a ✓):  Referrer policyholder  Financial Advisor  Third Party Representative  InLife Employee

If referrer is a policyholder, indicate SUPRA raffle entry \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Relationship to Customer: \_\_\_\_\_  
 Landline, Mobile number and Email \_\_\_\_\_  
 Address of Third Party Representative: \_\_\_\_\_  
 FA / Employee ID No/ Customer Representative ID and No: \_\_\_\_\_