



I-Dollar Pay 7 Application for Cooling-off Refund

Date of Receipt
of Application: _____

1. PROPOSED INSURED *(Print in full)*

2. APPLICANT-OWNER *(Print in full)*

_____	_____	_____
<i>Last Name</i>	<i>First</i>	<i>Middle</i>
Date of Birth (mm/dd/yyyy) _____	Attained Age _____	
Mailing Address _____		

_____	_____	_____
<i>Last Name</i>	<i>First</i>	<i>Middle</i>
Date of Birth (mm/dd/yyyy) _____	Attained Age _____	
Mailing Address _____		

I/WE HEREBY AGREE AND DECLARE THAT:

- Insular Life will be fully discharged from all liabilities if my/our application for cooling-off refund on my/our policy is approved.
- Insular Life will use the price on a Friday of the pricing week for any application received on a Tuesday two weeks before up to Monday of the pricing week.
- This application will not be effective until it is officially received and approved by Insular Life and an endorsement is issued.

Signed this _____ day of _____, _____ at _____.

WITNESS/AGENT
Printed Name and Signature

APPLICANT-OWNER
Printed Name and Signature
(If other than Proposed Insured)

PROPOSED INSURED
Printed Name and Signature

FOR OFFICE USE ONLY

Approved by: _____ Office: _____ Date: _____

HOME OFFICE ENDORSEMENT:

COOLING-OFF REFUND GUIDELINES:

- If your policy has been assigned, require consent of the assignee.
- A request for cooling-off refund will terminate your Policy.
- Return of amount refunded is not allowed once your application is processed.
- The policy contract must be returned with this application. If the policy contract is lost, form must be submitted along with a duly notarized Affidavit of Loss.
- Witness portion must be duly signed by the agent or a third party of legal age.
- If life insured is abroad, a current Special Power of Attorney duly authenticated by the Philippine Consul is required. If this can not be obtained, funds may be deposited in Insular Life's account in trust for the life insured or to the life insured's local bank account subject to the required authorization letter.
- In claiming the funds, bring at least two (2) identification papers such as passport, driver's license, company or professional ID.
- If a representative is designated to claim the funds, the following must be presented: (a) Authorization letter (please find below) and (b) Proper identification papers.

AUTHORIZATION TO CLAIM FUND/S

This is to authorize (Name of Authorized Representative) _____ whose specimen signature appears below, to get proceeds from the request for cooling-off refund I made in my behalf.

AUTHORIZED REPRESENTATIVE
Printed Name and Signature

PROPOSED INSURED
Printed Name and Signature

Address _____

APPLICANT-OWNER
Printed Name and Signature

Contact Number _____

Date Signed _____