

## INSTRUCTION FOR CANCELLATION OF ASSIGNMENT

TO: Insular Life

Please effect on \_\_\_\_\_ (date of cancellation), the cancellation of assignment of my Policy Number \_\_\_\_\_ (the “Policy”), which is currently assigned to \_\_\_\_\_ (“Assignee”).

This cancellation is requested on account of the full settlement of my obligation to the Assignee with the issuance to me of the attached Release Letter/Certification of Full Payment. With the cancellation of the assignment, all rights and benefits under this policy shall revert back to me as the Policy Owner, and no written consent shall be further required from the Assignee in the exercise of my rights under the Policy.

Further, when I submit a request relating to my insurance policies, I am aware of the need to disclose required personal information and sensitive personal information to Insular Life relating to myself as the policy owner, or the insured, or the beneficiaries, or the assignee to enable the Company to process, administer and maintain my policies. I hereby allow the processing and sharing of such information to our subsidiaries, affiliates, agents, any medical information sharing facility, and other third parties for any legitimate purpose, including but not limited to underwriting and administration of insurance coverage and claims, marketing and promotion of products, market research, data analytics and automated processing systems, and examinations by regulators, internal and external auditors. I also confirm that I have sought the consent of the insured or the beneficiaries, or the assignee, as may be applicable.

POLICY OWNER		
Policy owner Name ( <i>Surname, Given Name, Suffix</i> )	Mother’s Maiden Name	Civil Status
Preferred Mailing Address		
Telephone Number/Mobile Number	Email address	
CORPORATION/INDIVIDUAL ASSIGNEE		
Assignee Name		
Preferred Mailing Address		
Telephone Number	Email address	
Assignee’s Authorized Representative	Designation	Unit/Department

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

\_\_\_\_\_  
 Signature over Printed Name of the  
 Policy Owner / Assignor

Conforme:

\_\_\_\_\_  
 Signature over Printed name of the  
 Assignee/Company Authorized  
 Representative

**WARNING:** It is unlawful (a) to present or cause to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and (b) to fraudulently prepare, make or subscribe any writing with intent to present or use the same, or to allow it to be presented in support of any claim. Such acts shall be punishable by a fine not exceeding twice the amount claimed or imprisonment of two (2) years, or both, at the discretion of the court. (Section 251, Insurance Code.)