



## REQUEST FOR POLICY CHANGE

Policy Number: \_\_\_\_\_  
Name of Policy Owner: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

**Instructions:**

1. For any change in beneficiary, if the policy owner is different from the insured, the signature of the insured is required. If the insured is below 18 years old, the signature of a parent/guardian is required.
2. For request coming from outside the Philippines, the form must be authenticated by the Philippine Consular Office nearest your address.
3. Together with this form, submit the original or certified true copy of any supporting legal documents required.

**I hereby request The Insular Life Assurance Co., Ltd. ("Company") to effect the following change/s in my above stated insurance policy:**

<b>1. Change of Name</b>				
Change of name of: <input type="checkbox"/> Policy Owner <input type="checkbox"/> Insured <input type="checkbox"/> Beneficiary				
Name as shown in the Insurance Application (Surname, Given Name, Suffix)				
New Surname		New Given Name		New Suffix
New Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Annulled <input type="checkbox"/> Others: _____		Reason for Change <input type="checkbox"/> Correction <input type="checkbox"/> Marriage <input type="checkbox"/> Others: _____		
<b>2. Change in Designation/Addition of Beneficiary</b>				
<i>Note: A contingent beneficiary is always considered as revocable.</i>				
Name of Beneficiary	Relationship to Insured	Date of Birth (mm/dd/yyyy)	Designation by Priority (Primary/Contingent)	Designation by Right (Revocable/Irrevocable)
<b>3. Deletion of Beneficiary</b>				
Name of Beneficiary		Date of Birth (mm/dd/yyyy)		
<b>4. Revocation of Contingent Owner</b>				
Surname		Given Name		Suffix
<b>5. Appointment of New Contingent Owner</b> <i>Note: Pursuant to Policy Owner contract provision with contingent owner (effective February 15, 2018).</i>				
Surname		Given Name		Suffix
Date of Birth (mm/dd/yyyy)		Relationship to Insured		
		Relationship to Policy Owner		
<b>6. Other Changes:</b> (Please specify)				
(Reserved for Home Office correction or addition)				

This request together with the original application, supporting documents and statements made to the Company for the said policy shall be considered as the application for policy amendment.

If the original policy is replaced by a re-issued policy, it is hereby further agreed that in consideration of my application for policy amendment, I shall surrender the original policy and consent to its cancellation, and forever release and discharge said Company from any and all claims, demands and liabilities whatsoever under the surrendered policy.

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, 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, as may be applicable.

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

\_\_\_\_\_  
Signature over printed name  
of Assignee

\_\_\_\_\_  
Signature over printed name  
of Insured or  
Parent/Guardian of Insured  
(If the Insured is below 18 years old)

\_\_\_\_\_  
Signature over printed name  
of Policy Owner

\_\_\_\_\_  
Signature over printed name  
of Irrevocable Beneficiary

\_\_\_\_\_  
Signature over printed name  
of Irrevocable Beneficiary  
(Please use reverse side for additional signatures of Irrevocable Beneficiary)

\_\_\_\_\_  
Signature over printed name  
of Irrevocable Beneficiary

**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.)