



## VUL APPLICATION FOR COOLING-OFF

The Insular Life Assurance Company, Ltd.  
Insular Life Corporate Centre, Insular Life Drive  
Filinvest Corporate City, Alabang, 1781 Muntinlupa City  
E-mail: headofc@insular.com.ph | Website: www.insularlife.com.ph  
Tel.: (632) 8-582-1818 | Fax: (632) 8-771-1717 | VAT REG. TIN 000-464-124-000

**Policy No:**

<b>1. INSURED</b>				
<b>Prefix</b>	<b>Given Name</b>	<b>Surname</b>	<b>Suffix</b>	<b>Suffix Title</b>
<b>2. POLICY OWNER</b>				
<b>Prefix</b>	<b>Given Name</b>	<b>Surname</b>	<b>Suffix</b>	<b>Suffix Title</b>

**REASON FOR COOLING-OFF:** \_\_\_\_\_

**I/WE HEREBY DECLARE AND AGREE THAT:**

1. Insular Life will be fully discharged from all liabilities if my/our application for cooling-off refund on my/our policy is approved.
2. If Insular Life receives my/our application before the applicable cut-off time, the Company will use the unit price for that pricing date to sell units in my/our account/s. Otherwise, if received after the applicable cut-off time, the Company will use the unit price for the following pricing date. The Company has the sole discretion in determining the frequency of valuation, but said valuation will not be less frequent than weekly. The price for a particular pricing date will only be known at least one business day after the pricing date.
3. A request for cooling-off refund will terminate this Policy.
4. Withdrawal of application for cooling-off is not allowed.
5. This application for cooling-off will not be approved if any transaction, such as Top up, Fund Switch, has been made within the cooling-off period.

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**

**RECEIVED BY:** \_\_\_\_\_ **Office:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Secrets Number:** \_\_\_\_\_  
Printed Name and Signature

**Approved by:** \_\_\_\_\_ **Office:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Printed Name and Signature

**HOME OFFICE ENDORSEMENT:**