



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 • VAT REG TIN 000-464-124-000

Specimen Signature Form

Policyholder : _____
Plan Type : _____

The individual/s whose specimen signature/s appears below is/are the authorized representative/s allowed to transact with Insular Life Assurance Company, Ltd.

Name/s of the Authorized Representative/s	Specimen Signatures	Identification Submitted

IL20210226-1018



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ENTITY PLAN ADMINISTRATOR *

Given Name	Surname	Suffix (Jr./Sr.)
Date of Birth (mm/dd/yyyy)	Position	Rank
OFFICE EMAIL _____	OFFICE PHONE:	
PERSONAL EMAIL _____	Trunk Line: () _____ Area Code Number	
CELLPHONE NO. _____	Loc. No.: _____	
OFFICE FAX: () _____ Area Code Number	Direct Line: () _____ Area Code Number	
TAX IDENTIFICATION NUMBER _____		
In the absence of TIN, please indicate any one of the following:		
<input type="checkbox"/> SSS No. <input type="checkbox"/> GSIS No. <input type="checkbox"/> Driver's License <input type="checkbox"/> PhilHealth No. <input type="checkbox"/> Student No.		
<input type="checkbox"/> Passport No. <input type="checkbox"/> Others: _____ <input type="checkbox"/> Identification No.: _____		

* Plan Administrator – this is the person appointed by the Authorized Representative to oversee the administration of the Group insurance policy. He will be Insular Life's point person in charge of reporting of member movements, filing of claim requirements and updating of claim status, receiving and reconciliation of insurance billing, receiving of checks (refunds and claims), processing of premium payments, and addressing/coordination of member inquiries and concerns to Insular Life.