



Policy No/s. \_\_\_\_\_

A. DATA PRIVACY STATEMENT (DPS)

I/We understand that as a financial institution, Insular Life is subject to existing and future government regulations. I/We therefore agree to be bound by all applicable domestic and international laws in relation to any matter including but not limited to anti-money laundering, tax monitoring and data privacy.

In this connection, I/we authorize Insular Life to process my/our personal and sensitive personal information including but not limited to its collection, use, retention, destruction or sharing to our subsidiaries, affiliates, agents, and any medical information sharing facility 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, internal and external audit.

I/We hold Insular Life free and harmless from any liability that may arise from any collection, use, destruction or sharing of said information.

B. FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

[ ] I am a US Person\* under US laws

\*US Person means a) a US Citizen (including dual citizens where one country of citizenship is the US); b) US Permanent Resident; c) a person with substantial presence of more than 31 days in the current calendar year or a total of 183 days over the past 3 years from the current year; or d) a partnership/corporation organized in the US; e) US-owned foreign entity with 1 or more substantial US owner (one who owns more than 10% of the entity by vote or value).

[ ] I am NOT a US Person under US laws

[ ] but I have at least one of the following US indicia\*\*

\*\*a) US place of birth; b) current US residence address, mailing address, phone number associated with a financial account maintained in the US; c) a standing instruction to transfer funds to that account; d) a Power of Attorney or signatory authority granted to a person with a US address; or e) has an "in care of" address or "hold mail" address that is your sole address.

[ ] and I have NO US indicia

If there are any changes in my status, I undertake to inform Insular Life of such changes by submitting an updated accomplished FATCA Form.

Declaration for DPS and FATCA

I/We declare that I/we have read and agreed to the above statements and attest that my/our answers above are true and complete to the best of my/our knowledge. I/We understand that this declaration shall be part of the processing and decision making of all my/our policy servicing transactions.

\_\_\_\_\_  
POLICYHOLDER  
Signature over Printed Name

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INSURED  
Signature over Printed Name

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN  
Signature over Printed Name  
(If the Insured is below 18 years old)

\_\_\_\_\_  
DATE

(Instruction to Insular Life Customer Care Staff: If US Person or with US Indicia, please request Policyholder to accomplish the other required FATCA forms)