

Proxy Form

Know All Men By These Presents:

That I, the undersigned policyholder and member of The Insular Life Assurance Company, Ltd., do hereby nominate, constitute and appoint (please check one):

Proxy Committee (with the Executive Committee Chairman, the President and the Corporate Secretary, as members thereof, or anyone of them, if only one be present, or the Board Chairman) pursuant to Section 3.4.2 of the Company's By-Laws, as amended; or

_____ (Please indicate full name of your designated proxy)* as my proxy to vote at any and all regular or special meetings of the members of The Insular Life Assurance Company, Ltd., and any adjournment thereof, as fully for all intents and purposes, as I could lawfully do if present and acting in person. In case of non-attendance of my designated proxy, I authorize and empower the Chairman of the Meeting to fully exercise all rights as my proxy at such meeting.

This proxy shall be valid and effective and continue to be so for a period of five (5) years commencing on this date, in accordance with the by-laws of The Insular Life Assurance Company, Ltd., as amended.

Signed this ___ day of _____ at _____.

Policy numbers:



Signature over printed name of
 Policyholder Address

Witness _____

Witness _____

*Please provide complete details of your designated proxy.

Given Name: _____ Surname: _____ Suffix: _____

Mother's Maiden Name _____

Date of Birth: (mm/dd/yyyy) _____

Government ID / ID No.: _____

Address: _____

Contact information: (E-mail/ Mobile number/ Landline): _____

IL20190228-22



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