

Withdrawal of Consent Form

Full Name: _____

Residence Address: _____

Email Address: _____

Telephone/Mobile Number: _____

Policy/CoC Number: _____

Please place a tick (✓) in boxes (☐) where applicable

I hereby submit notice to withdraw consent from receiving marketing information and messages from Insurance Company of North America, a Chubb Company ("Chubb Philippines") through the communication modes indicated below:

- Phone Calls
 Text Messages
 Residence Address
 Email Address

I understand that:

- i) I may continue to receive marketing messages through the mode(s) of communication indicated above within the next thirty (30) calendar days from the date of receipt of my written notification.
- ii) my withdrawal of consent is only applicable to receiving marketing messages through the mode(s) of communication indicated above and does not affect my ability to receiving marketing messages through other mode(s) of communications. Notwithstanding my withdrawal of consent stated above, I will still be able to receive from Chubb Philippines information, reminders or notices that are necessary for purpose of administering my policy/ies.
- iii) I can change my mind regarding the withdrawal of consent at any time by writing in to DPO.PH@chubb.com

Signature_____
Date

Please print out, complete this form and return it to us as follows:

The Data Protection Officer

Insurance Company of North America (a Chubb Company)

Address 24th Floor Zuellig Building
Makati Avenue corner Paseo de Roxas
Makati City 1226, PhilippinesEmail DPO.PH@chubb.com**Chubb. Insured.™**