

Assignment of Policy(-ies) as Collateral Security

In this form *you* and *your* refer to the policy owner, while *we*, *us*, *our*, and *the Company* refer to Sun Life Grepa Financial, Inc., a joint venture of Sun Life Financial and the Yuchengco Group of Companies.

Purpose of the form:

This form is used to assign your life insurance policy as collateral for debt(s) and/or value received.

IMPORTANT NOTES:

You must accomplish and submit the completed form and a copy of your valid ID through any of our Sun Life Client Service Centers or email to wecare@sunlifegrepa.com.

Please write legibly using capital letters. Write N/A if question is not applicable. Mark the box(es) with an "X" to indicate your choice(s) then sign the form only when completely filled out.

The company/business policy owner (the assignor) needs to submit a Secretary's Certificate attesting to the authority of the signatory.

A General Information

1. Policy Number(s)			
For Individual Policy Owner			
Last Name			
First Name			M.I.
For Company/Business Policy Owner			
Company or Business Name			

B Authorization and Assignment Information

You authorize the Company to transfer the insurance policy to the assignee as collateral for all current and future debts and/or other value received.

Please fill out the lender information as applicable.

- Lender - Institution (e.g. bank, company)**
Proceed to items 2 to 6, then complete items 15 and onwards
- Lender - Individual**
Proceed to items 7 to 14, then complete items 15 and onwards

B.1 Lender - Institution (e.g. bank, company)

2. Company or Business Name			
3. Business Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]			4. Zip Code
5. Business Phone (country code, area code, & tel. no., e.g. +63285558888)			
+			
6. Email Address			

B.2 Lender - Individual

7. Name (Last Name, First Name, M.I.)			
			M.I.
8. Permanent Home Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]			9. Zip Code

C Signatures (continuation)

37. Signature of Witness <input type="text"/>	38. Printed Name <input type="text"/>						
39. Place of Signing <input type="text"/>	40. Date of Signing (e.g. 08-AUG-2008) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Day</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> </tr> </table>	Day	Month	Year	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Day	Month	Year					
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>					

Let us serve you better!

Should there be any change in your information, kindly complete the section below.

41. Mailing Address (P.O. Box is not acceptable) <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Present Home Address <input type="checkbox"/> Work Address <input type="checkbox"/>			
42. Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)] <input type="text"/>			43. Zip Code <input type="text"/>
44. Work Phone (country code, area code, & tel. no., e.g. +63285558888) + <input type="text"/>		45. Home Phone (country code, area code, & tel. no., e.g. +63285558888) + <input type="text"/>	
46. Mobile Phone (country code, mobile no., e.g. +639123456789) + <input type="text"/>			
47. Email Address <input type="text"/>			

48. Do you want us to update all your existing Life Insurance Policies? (Considered NO if unanswered)
 Yes No [Only policy(-ies) specified in this form will be changed]

49. Would you like to receive personalized communication and product offers from Sun Life Grepa Financial, Inc. (SLGFI) and Grepalife Asset Management Corporation (GAMC)? Yes No

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