

Election of Method of Living Benefit Payment

In this form, **you** and **your** refer to the policyholder, insured or any person designated as payee, while, **we, us, our** and the **Company** refer to Sun Life Grepa Financial, Inc. (SLGFI), a joint venture of Sun Life and the Yuchengco Group of Companies.

Living Benefits include but not limited to anticipated endowments, annual income payouts, and dividends.

Please complete this form to indicate the manner in which you wish to receive your Living Benefit then submit to the following address:

Billing Services Section
Sun Life Financial - Philippines
3rd Floor, Sun Life Centre
5th Ave. cor Rizal Drive, Bonifacio Global City
Taguig City, Philippines 1634
(02) 8555 8888 local 5254 | 5255 | 5266 | 5090

You may also email us at Phil_BillingServices@sunlife.com no later than fifteen (15) days before the payout date.

PRINT clearly. Use BLACK ink. Indicate N/A if question is not applicable.

1 General Information

Policyholder (Last Name, First Name, MI.)	
Plan Name	Policy Number

2 Choice of Method of Benefit Payment (place an "X" in the appropriate box)

I hereby elect the following method of payment of my Living Benefit to be as follows:

1. Through Check (Demand Draft for USD payouts)
 2. Credit to Account (please provide details below) PHP USD

Account Name: _____

Account Number: _____

Name of Bank: _____

Address of Bank: _____

Applicable for overseas banks only: Routing or Serial Number: _____

Swift Code Number: _____

Note: Please ensure that you provide the correct account information. The Company will not be liable if the remittance is credited to an erroneous bank account number.

3 Signature

By signing below, you agree to shoulder any bank fees and charges arising from the foregoing deposit to your account. You further agree that the Company shall not be responsible or liable whatsoever for any failure, fault, or negligence on the part of the bank to pay the proceeds to you.

Signature of Policyholder	Printed Name (Last Name, First Name, MI.)	Date of Signing (day/month/year)
Address No., Street, Village/Subdivision, Barangay, City, Province, Country, Zip Code (P.O. Box is not acceptable)		Contact Numbers

