

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.

PRINT clearly. Use BLACK ink.

1 General Information

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| Policy Owner (Last Name, First Name, M.I.) |
| Life Insured (Last Name, First Name, M.I.) (Complete if the life insured is not the policy owner) |
| Policy Number(s) |

2 Absolute Assignment

For value received, you hereby request the Company to effect the absolute and unconditional transfer, other than as security, of all rights, title and interest in the policy to the assignee named below:

For Individual

| | | | |
|--|---|--|----------------|
| Assignee (Last Name, First Name, M.I.) | | Relationship to the life insured <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Others, specify _____ | |
| Birthplace (City/Province and Country) | Birthdate (day/month/year) | Age | Religion |
| Citizenship/s | Country/ies of Legal Residence other than the Philippines | | |
| ID Presented | ID No. | ID Expiry Date | TIN |
| SSS No. or GSIS No. | Explain if there is no TIN, SSS or GSIS No. | | |
| Permanent Residence Address (no., street, municipality/city, province, country, zip code) P.O. Box is not acceptable | | | |
| Present Residence Address (no., street, municipality/city, province, country, zip code) P.O. Box is not acceptable | | | |
| Home Phone (country code, area code & tel. no.) | Work Phone (country code, area code & tel. no.) | Mobile Phone (country code & mobile no.) | E-mail Address |

For Institution

| | | | |
|--|----------------|---|--|
| Assignee (Complete Company/Business Name) | | Relationship to the life insured <input type="checkbox"/> Employer <input type="checkbox"/> Others, specify _____ | |
| Country of Incorporation or Business Registration | | Type of Business <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Others, specify _____ | |
| TIN | Contact Person | Designation | |
| Business Address (building, street, municipality/city, province, country, zip code) P.O. Box is not acceptable | | | |
| Business Phone (country code, area code & tel no.) | | E-mail Address | |



3 Acknowledgement and Agreement

Changes to Material Facts or Personal Information

By affixing your signature below, you acknowledge and agree that you shall notify the Company in writing and provide the required details or documents within thirty (30) days for any changes in your personal/material information which results in the Company being subject to tax reporting and withholding requirements under local and/or foreign laws applicable to you or your property. There is a change in your personal/material information if there is a change in your contact number(s), place of residence, citizenship, or other circumstance as defined under applicable laws.

Data Privacy

By signing below, you consent, as well as affirm that you are authorized to give consent on behalf of the assignee and/or beneficiary, for the collection, processing, use, storage and destruction of personal and sensitive personal information and any information related to you and your assignee and/or beneficiary in relation to the subject insurance policy as well as its sharing, transfer and/or disclosure to any of the Company's branches, subsidiaries, affiliates, agents and representatives, industry associations and third parties such as but not limited to outsourced service providers, external auditors, and local and foreign regulatory authorities in relation to any matter including but not limited to those involving anti-money laundering and tax monitoring, review and reporting, statistical and risk analysis, provision of any products, service, or offers made through mail/email/fax/SMS/telephone, customer satisfaction surveys; compliance with court and other lawful orders and requirements. You and your assignee and/or beneficiary hold the Company free and harmless from any liability that may arise from any transfer, disclosure, processing, collection, use, storage or destruction of said information.

This section must be signed by you and all of your irrevocable beneficiaries, if any.

The witness should be a disinterested person and his/her address should be provided.

| | |
|--|----------------------------------|
| Signature of Policy Owner X | Printed Name |
| Signature of Witness X | Printed Name |
| Address of Witness (no., street, municipality/city, province, country, zip code) | |
| Place of Signing | Date of Signing (day/month/year) |

| | | |
|--|----------------------------------|--|
| Signature of Irrevocable Beneficiary, if any X | Printed Name | Place and Date of Signing (day/month/year) |
| Signature of Irrevocable Beneficiary, if any X | Printed Name | Place and Date of Signing (day/month/year) |
| Signature of Irrevocable Beneficiary, if any X | Printed Name | Place and Date of Signing (day/month/year) |
| Signature of Witness X | Printed Name | |
| Address of Witness (no., street, municipality/city, province, country, zip code) | | |
| Place of Signing | Date of Signing (day/month/year) | |

4 For Company Use Only

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