

Auto Charging Arrangement Enrollment Form

In this form, *you* and *your* refer to the Cardholder, *Bank* refers to Sun Life Grepa Financial, Inc.'s partner bank for Auto Charging Arrangement while *we*, *us*, *our* and *the Company* refer to the Sun Life Grepa Financial, Inc., a joint venture of Sun Life and the Yuchengco Group of Companies.

This Enrollment Form must be submitted to Policy Accounting upon completion.

Please PRINT clearly. Use BLACK ink.

1 Enrollment Details

Please check New Enrollment Credit Card Account Update
*For currently enrolled policies with change in credit card account number and/or card expiry date.

Cardholder's Name

Credit Card Number - - -

Expiry Date (e.g. 01 22) Month Year

Policy Number	Frequency of Payment	Premium Amount

You hereby wish to pay the premium/s of the above numbered policy/ies through an automatic charging against your credit card. You understand that by availing of this facility, the bank shall charge your credit card with the premium/s due upon receipt of the Company's billing statement.

2 Signature

By signing below, you hereby confirm to have read, understood and agreed to the Terms and Conditions written at the back of this form.

Signature of Cardholder X	Printed Name of Cardholder
Place of Signing	Date of Signing (e.g. 01-JAN-2021) Day <input type="text"/> <input type="text"/> - Month <input type="text"/> <input type="text"/> - Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



By executing this form, you hereby expressly and absolutely authorize the Bank to charge or debit your card for all corresponding premiums of the Company's insurance policies you have listed above and to pay said premiums to the Company without need of any further notice or instruction from you, according to the set schedule of payment to be provided by the Company to the Bank.

You expressly and absolutely agree that other than the Bank's act of debiting the relevant amounts from your monthly credit card billing statement, the Bank shall not be obliged to perform any other act to ascertain whether or not notice of any such debit has been given to you.

You understand that by completing and signing the enrollment form as the cardholder, only premiums for your own and your immediate family members' (limited to your parents, spouse, brothers, sisters and children) insurance policy/ies issued by the Company can be enrolled under this facility.

Enrollment in this facility does not guarantee payment of the premium as the charging is subject to the approval of the Bank. The bank reserves the right not to process the charging of premium if any of the following are determined by the bank:

- a. The credit of the account is currently past due (this means the minimum amount due was not settled on or before the due date indicated in the previous month's credit card billing statement).
- b. The credit card's available credit limit is insufficient to cover the full amount of the premium.
- c. The credit card has been canceled or closed, whether by you or by the Bank.
- d. The credit card has not yet been activated by you.

In the event charging is disapproved by the Bank, you will be notified in writing by the Company. Consequently, you should make a direct premium payment to the Company, otherwise, the enrolled policy/ies may lapse (i.e. in the absences of any cash value) or be placed under the applicable Non-Forfeiture Option.

In case of renewal/or replacement of lost or damaged card, you should submit a new Auto Charging Arrangement Enrollment form to the Company.

You agree that should you wish to cancel your enrollment under Auto Charging Arrangement facility, a written notification should be sent to the Company. Cancellation of your enrollment shall take effect only upon receipt of such written notification by the Company. Likewise, for policy/ies under Monthly Auto Charging Arrangement the mode of premium will be automatically change to the next applicable modal premium.

You agree that only the Bank, through Auto Charging Arrangement facility, shall pay your insurance premiums (except insofar as your credit limit is exceeded or charging is disapprove by the Bank) to the Company and you will not effectuate insurance premium payments, either directly or through an agent, during the subsistence of this authorization.

You hereby ratify and confirm all acts of the Bank done to effectuate this authorization.

You agree that the Company can process your personal data to:

- a. implement your payment instructions;
- b. enforce/fulfill contractual rights/obligations;
- c. improve how it develops and provides services (including development of and improvement in its systems and business processes, data analytics, automated processing, artificial intelligence, etc.);
- d. comply with applicable laws or regulations whether domestic or foreign; and
- e. manage risks and pursue its legitimate interests.

You also agree:

- a. that the Company may disclose your personal data to its affiliates, service providers, and other third parties for processing consistent with the foregoing purposes, who shall be bound by contractual or other reasonable means to protect your personal data;
- b. that your personal data shall be retained for the duration of the policy/ies listed or existence of the related account(s) and/or upon the expiration of the retention limit set by the Company standards, laws and regulations, counted from account closure; and
- c. with the Company's privacy policy at https://www.sunlifegrepa.com/upload/files/Sun_Life_Grepa_Policy_Privacy_Statement.pdf.