

Claimant's Statement (Maturity Benefit)

In this form, **you** and **your** refer to the claimants/authorized representative of claimants whose information we are processing or disclosing. **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.

The employment of a third person, on commission or otherwise, for the collection of an approved claim is unnecessary. Settlement is achieved most speedily by direct communication with a local representative of the Company.

Purpose of this form:

This form is used by the claimants, who are the designated beneficiaries, to claim the benefits upon maturity of the policy.

IMPORTANT NOTES:

- You must accomplish and submit the completed form, all applicable claim requirements and a copy of your valid ID through any of our Client Service Centers or email to wecare@sunlifegrepa.com.
- If a claimant is a minor or under eighteen (18) years of age, the guardian of the minor must complete the form. Additional documents may be required from the said guardian and advice will be given accordingly.
- If the maturity benefit is payable to the estate, each heir must complete this form and attach estate settlement documents.
- 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.

1 Information regarding the Insured

Full Name of Insured (Last Name, First Name, Middle Name)	Policy Number(s)
Date of Birth (month/day/year)	Place of Birth

2 Information regarding the Claimant

Full Name (Last Name, First Name, Middle Name)		Relationship to the Insured		
Date of Birth (month/day/year)	Place of Birth	Sex (at birth)	Citizenship(s)/Nationality	
Permanent Residence Address <small>P.O. Box is not acceptable (No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country, Zip Code)</small>		Present Address <small>P.O. Box is not acceptable (No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country, Zip Code)</small>		
Countries of Legal Residence other than Philippines		Source of Funds	Occupation	E-mail Address
Nature of Work/Business	Name of Employer/Business	Address of Employer/Business <small>P.O. Box is not acceptable (No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country, Zip Code)</small>		
Philippine TIN	US TIN	Other TIN	Home Phone	Work Phone Mobile Phone

3 Foreign Account Tax Compliance Act (FATCA) Questions

1. Are you a U.S. Citizen? Yes No

2. Are you a tax resident of the U.S. because you hold a green card (permanent resident card)? Yes No

3. Are you a tax resident of the U.S. under the substantial presence test? Yes No

**To meet this test, you must be physically present in the United States (U.S.) for at least:*

- 1) 31 days during the current year, and
- 2) 183 days during the 3-year period that includes the current year and the 2 years immediately before that, counting:
 - a) All the days you were present in the current year,
 - b) 1/3 of the days you were present in the first year before the current year, and
 - c) 1/6 of the days you were present in the second year before the current year.

With regard to the above, you agree that when we are required by law, regulation or otherwise to provide all information on your local and/or foreign tax status and your account(s), we may disclose such information to competent authority or its delegate involved in processing, collecting, transferring or disclosing the relevant information. Where a separate waiver is required to provide the required information to competent authority or its delegate, you undertake to provide a waiver in a format acceptable to us.



4 Fraud Warning

"Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim."

5 Payment Options

Indicate how you would like to receive the maturity proceeds. Kindly choose from the following options:

Fund Transfer

Credit to your local bank account with the following information:

Account Name _____
 Bank Name _____
 Routing or Serial Number* _____
 Swift Code Number* _____

**not applicable for Peso Account*

Telegraphic Transfer (applicable only to a Claimant residing abroad)
 Convert to US Dollar/Canadian Dollar/Others - specify currency and credit to bank account through overseas transfer with the following information:

Account Number _____
 Bank Address _____

You agree to shoulder any bank fees and charges arising from the foregoing deposit to your account. The Company will not be liable if the remittance is credited to an erroneous bank account number.

You further agree that the company shall not be responsible nor liable whatsoever for any failure, fault or negligence on the part of the bank to deposit the proceeds to your account.

Check (for Peso policy only) **RCBC Demand Draft** (for US Dollar policy only)

Send through Servicing Advisor at preferred mailing location (automatic if no instruction provided)

For pick-up at Sun Life office (specify the location): _____

For Check - Send by courier/registered mail (specify address): _____

For RCBC Demand Draft - For encashment (provide details below):
 Date of Encashment: _____ RCBC Branch Address: _____

Reassign Maturity Proceeds

You hereby request the Company to reassign the maturity proceeds from the source policy number _____.

A. Apply to a new Insurance Policy

Policy Number/App Serial Number	Proposed Insured's Name	Amount to be Transferred

B. Invest to SLAMCI

Client Number	Client's Name	Amount to be Transferred

C. Balance, if any - Issue Check

Name	Relationship

If the space provided is insufficient, use a separate sheet and attach to the form.



By signing, you acknowledge/agree that:

- a. To the best of your knowledge and belief that the above answers and those on any attached sheet are complete and true.
- b. You authorize any physician, hospital, clinic, insurance company or other organization, institution or person, that has any record of you and/or the life insured, or your and/or the life insured's health, to give to the Company any and all information about you and/or the life insured with reference to your and/or the life insured's health and medical history and any hospitalization, advice, diagnosis, treatment, disease or ailment.
- c. You agree that the Company can process your personal data to (i) implement your payment instructions; (ii) enforce/fulfill contractual rights/obligations; (iii) 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.); (iv) comply with applicable laws or regulations whether domestic or foreign; and (v) manage risks and pursue its legitimate interests.
- d. You also agree that (i) 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; (ii) 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 (iii) you have read, understood, and agree with the declarations and authorizations above, including the Company's privacy policy at https://www.sunlifegrepa.com/upload/files/Sun_Life_Grepa_Policy_Privacy_Statement.pdf
- e. You will indemnify, hold free and harmless the Company, its affiliates, directors, employees, legal representatives, and assignees against loss and damage from any claims and/or actions made by any third person including the parties to the policy or their representatives in relation to the processing of this application form.
- f. You agree that the claims application shall not be considered complete until the submission of all the required documents.

Claimant's Signature X	Printed Full Name (Last Name, First Name, Middle Name)
Place of Signing	Date of Signing (month/day/year)

For Witness to the signature/s of Claimant/s, provide complete address and contact numbers on the space provided below. The witness should be a disinterested person to the Claimant.

Signature of Witness X	Printed Full Name (Last Name, First Name, Middle Name)	
Place of Signing	Date of Signing (month/day/year)	
Residence Address (P.O. Box is not acceptable) No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country, Zip Code		
Home Phone	Work Phone	Mobile Phone

