

In this form, **you** and **your** refer to the beneficiaries/authorized representative of beneficiaries 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.

As your partner for life, we know that it is during these times that we must be able to help you most by expediting the processing of your claim. Please take note of the following reminders so we can process your claim swiftly.

- Accomplish and submit the completed form and all applicable claim requirements (see pages 3 and 4) through any of our Client Service Centers or email to phil_claims@sunlife.com. Incomplete information and/or documents will affect the processing of your claim.
- Write legibly using capital letters. Write N/A if question is not applicable.
- Mark the box(es) with a "✓" to indicate your choice(es) then sign the form only when completely filled out.
- Refrain from using third parties to process your claims.

Fraud Warning

P.D. No. 612 or The Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both to any person who makes any fraudulent claim, or fraudulently prepares claim requirements.

1 Information about the Life Insured

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| Name of Life Insured – now deceased (Last Name, First Name, M.I.) | Policy Number(s) |
| Date of Birth (Month/Day/Year) | Place of Birth |
| Date of Death (Month/Day/Year) | Place of Death |
| Complete Residence Address (P.O. Box is not acceptable) | Occupation at time of death |

State all facts regarding the cause and circumstances of death

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Did the deceased insured suffer from any other illness, disease, or condition? Yes No If "Yes," please provide details below:

| Date of Illness (Month/Day/Year) | Nature of Complaint or Illness | Date Symptoms First Noticed (Month/Day/Year) | Diagnosis/Remarks | Attending Physician/Hospital | Medication Prescribed/Treatment |
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If the space is insufficient, use the back page of this form.

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| Smoking Habit To your knowledge, did the insured smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please provide details below: Start date (Month/Day/Year): _____ End date (Month/Day/Year): _____ <input type="checkbox"/> Until time of death |
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2 Information about the Beneficiary

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| Full Name (Last Name, First Name, M.I.) | Relationship to the Insured | Citizenship(s)/Nationality |
| Date of Birth (Month/Day/Year) | Place of Birth | Sex (at birth) |
| Current Residence Address | E-mail Address | Countries of Legal Residence other than Philippines |
| Name of Employer/Business | Address of Employer/Business (P.O. Box is not acceptable) | |
| Occupation/Nature of Work | Source of Funds | Philippine TIN |

Indicate how you would like to receive the death proceeds.

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| <p><input type="checkbox"/> Credit to account</p> <p><input type="checkbox"/> Credit to local bank account</p> <p><input type="checkbox"/> Currency conversion (applicable only to a beneficiary residing abroad) – convert to:</p> <p style="margin-left: 20px;"><input type="checkbox"/> US Dollar <input type="checkbox"/> Canadian Dollar</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other Currency (please specify) _____</p> <p style="margin-left: 20px;">subject to availability of the currency in the bank and credit to bank account through overseas transfer</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="padding: 2px;">Account Name:</td></tr> <tr><td style="padding: 2px;">Account Number:</td></tr> <tr><td style="padding: 2px;">Bank Name:</td></tr> <tr><td style="padding: 2px;">Bank Address:</td></tr> <tr><td style="padding: 2px;">Routing or Serial Number *:</td></tr> <tr><td style="padding: 2px;">Swift Code Number *:</td></tr> </table> <p style="font-size: small; margin-top: 5px;">* applicable only to currency conversion</p> <p>Important reminders:</p> <ol style="list-style-type: none"> 1. Please ensure that you provide the correct account information. The Company will not be liable if the remittance is credited to the wrong bank account number. 2. You confirm and agree that: <ol style="list-style-type: none"> a. You will shoulder all bank fees and charges related to the deposit to your bank account; b. Deposit of the amount through your designated bank account number or account name fully releases and discharges the Company from any claims or liabilities related thereto; and c. You agree to indemnify and hold the Company free and harmless from and against any and all claims, losses, including opportunity loss, damages, or expenses as a result of your credit to account and/or currency conversion request, including any misrepresentation as to the owner of the bank account, and/or failure of your bank or its intermediary to honor the transaction. | Account Name: | Account Number: | Bank Name: | Bank Address: | Routing or Serial Number *: | Swift Code Number *: | <p><input type="checkbox"/> Check (for Peso policy only)</p> <p><input type="checkbox"/> RCBC Demand Draft (for US Dollar policy only)</p> <p>Mailing instruction:</p> <p><input type="checkbox"/> Send through Servicing Advisor at preferred mailing location (automatic if no instruction provided)</p> <p><input type="checkbox"/> For pick-up at Sun Life Grepa office (specify location): _____</p> <p><input type="checkbox"/> For Check – Send by courier/registered mail (specify address): _____</p> <p><input type="checkbox"/> For RCBC Demand Draft – For encashment (provide details below): Date of Encashment (Month/Day/Year): _____ RCBC Branch Address: _____</p> <p><input type="checkbox"/> Reassign Death Proceeds</p> <p>You hereby request the Company to reassign the death proceeds from the source policy number _____</p> <p><input type="checkbox"/> Apply to a new/existing Insurance Policy Policy Number/Application Serial Number: _____</p> <p style="margin-left: 20px;">Insured's Name: _____ Amount to be Transferred: _____</p> <p><input type="checkbox"/> Invest to SLAMCI Client Number: _____ Client Name: _____ Amount to be Transferred: _____</p> <p><input type="checkbox"/> Balance, if any</p> <p style="margin-left: 20px;"><input type="checkbox"/> Credit to account (please complete the credit to account portion on the left column)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Check (please complete the check instructions above)</p> |
| Account Name: | | | | | | | |
| Account Number: | | | | | | | |
| Bank Name: | | | | | | | |
| Bank Address: | | | | | | | |
| Routing or Serial Number *: | | | | | | | |
| Swift Code Number *: | | | | | | | |

If the space is insufficient, use the back page of this form.

By signing, you acknowledged/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 shall process your data to: (i) evaluate your claim; (ii) process transactions and enforce/fulfill contractual rights/obligations; (iii) improve the provision of products and services (including improvement in systems and business processes, data analytics, automated processing, etc.); (iv) comply with legal obligations, as well as laws and regulations (domestic or foreign); and (v) manage risks and pursue its legitimate interests, including verification and obtaining additional personal data from third party sources. 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.
- d. Your personal data shall be retained upon the later of the expiration of the retention limit set by Company standards, and by laws and regulations, counted from account closure. You certify that you understand and agree with the declarations and authorizations above and 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.

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| Signature of Beneficiary X | Printed Full Name (Last Name, First Name, Middle Name) |
| Signature of Guardian, if applicable (e.g. beneficiary is a minor or has mental disabilities) X | Printed Full Name (Last Name, First Name, Middle Name) |
| Place Signed | Date Signed (Month/Day/Year) |

CHECKLIST OF REQUIREMENTS

IMPORTANT REMINDERS:

- Submit certified true copies only.
 - ✓ Photocopies, except for IDs, are not acceptable.
 - ✓ Photocopies of IDs may be submitted provided the original copies are presented for verification.
- Except as indicated below, documents submitted to Sun Life Grepa Financial, Inc. (SLGFI) will not be returned.
- We may ask for additional documents after reviewing the requirements you submitted.
- Death that occurs within two (2) years from date of policy issue or last reinstatement is subject to investigation and will affect processing time.

A Basic Requirements

Death Benefit Claim Form [form provided by SLOCPI] to be completed by the designated primary beneficiary(-ies) or by authorized signatory, if beneficiary is a company

Special Instruction:

One Death Benefit Claim Form per beneficiary.

If beneficiary is a minor or under eighteen (18) years of age or has mental disabilities, the guardian must complete the form. Additional documents may be required from the said guardian and advice will be given accordingly.

If the death benefit is payable to the estate, each heir must complete sections 2 to 4 of the form and attach estate settlement documents.

Death Certificate

- If death happened in the Philippines – must be duly certified by the Local Civil Registrar, signed with official seal and Local Civil Registry Number (*original form with blue background or lines is not acceptable*) or issued by the Philippine Statistics Authority
- If death happened abroad – must be apostilled or authenticated by the applicable Consulate including the official English translation (*original – to be returned*)

One (1) valid government-issued ID with photo and signature per beneficiary

B Conditional Requirements (*Submit appropriate requirements as indicated below.*)

B.1 Based on Beneficiary Information

If beneficiary is the spouse

Marriage Certificate issued by the Philippine Statistics Authority (*original*)

If beneficiary is a minor (*below 18 years old*)

Birth Certificate of the minor issued by the Philippine Statistics Authority

Notarized Affidavit of Guardianship [form provided by SLOCPI] if parent or other party is claiming on behalf of the minor

Additional documents required if the approved claim exceeds PHP500,000.00:

Guardian's Bond approved by the court including the Summary of the Proceedings or the Petition if parent is claiming on behalf of the minor (*submit only upon approval of claim*)

Letters of Guardianship approved by the court including the Summary of the Proceedings or the Petition if parent is claiming on behalf of the minor (*submit only upon approval of claim*)

If designated beneficiary is a creditor

Statement of Account if loan has not been paid in full as of date of death

Proof of Settlement of Loan if loan has been paid in full as of date of death

If beneficiary is a corporation

Corporate Secretary's Certificate indicating the name(s), scope of authority and specimen signature(s) of the person(s) authorized by the company through a board resolution to sign the claim requirements

One (1) valid government-issued ID with photo and signature per authorized signatory

Latest General Information Sheet (GIS) duly filed with the Securities and Exchange Commission (SEC)

B.2 Based on Circumstances of Death

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| <p>If death is due to an accident or violent incident</p> <ul style="list-style-type: none"><input type="checkbox"/> Police Report<input type="checkbox"/> Autopsy and/or Medico-Legal Report (if available)<input type="checkbox"/> Toxicology Report (if available)<input type="checkbox"/> Obituary or Newspaper Clippings (if available)<input type="checkbox"/> Hospital Records of the life insured (Admitting History and Discharge Summary or their equivalent)<input type="checkbox"/> Driver's License if accident occurred while insured was driving a vehicle<input type="checkbox"/> Authorization to Investigate [form provided by SLOCPI] | <p>If death occurred within two (2) years from date of policy issue or last reinstatement</p> <ul style="list-style-type: none"><input type="checkbox"/> Attending Physician's Statement [form provided by SLOCPI] to be completed by the doctor who attended to the insured during his last illness or at the time of death<input type="checkbox"/> Authorization to Investigate [form provided by SLOCPI]<input type="checkbox"/> Hospital Records of the life insured (Admitting History and Discharge Summary or their equivalent) |
| <p>If death happened abroad</p> <ul style="list-style-type: none"><input type="checkbox"/> Passport (original – to be returned)<input type="checkbox"/> Other documents related to travel or death abroad (e.g. Cremation / Embalming Certificate, Proof of Transfer of Body, etc.) apostilled or authenticated by the applicable Consulate including the official English translation (original – to be returned) | |

B.3 Based on Preferred Payment Option

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| <p>If the beneficiary prefers to receive the death benefit through credit to account</p> <ul style="list-style-type: none"><input type="checkbox"/> Proof of bank account e.g. Bank Statement of Account, Certificate of Bank Deposit, First Page of the Bank Passbook, Check, ATM Card or Validated Deposit/Withdrawal Slip showing the bank account number and account name of the beneficiary (submit only one) <p><i>Special instruction: The bank account number and the account name must appear on the same page and should be readable and clear. Please mask account details and names of other account holders, if any. The Company may require presentation of additional documents to validate submissions.</i></p> |
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C Regulatory Requirements

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| <p>If beneficiary is a U.S. citizen or a resident individual (including green card holder and dual citizen) or if beneficiary is a U.S. entity (partnership/corporation organized in the U.S. or under the laws of the U.S.)</p> <ul style="list-style-type: none"><input type="checkbox"/> Duly accomplished Form W-9 <p>If beneficiary is a non-U.S. citizen or a resident individual with U.S. mailing/residence address, U.S. phone number, etc.</p> <ul style="list-style-type: none"><input type="checkbox"/> Duly accomplished Form W-8BEN <p>If beneficiary is a non-U.S. entity with U.S. mailing address, U.S. phone number, etc.</p> <ul style="list-style-type: none"><input type="checkbox"/> Duly accomplished Form W-8BEN-E <p><i>Special instruction: Please visit www.irs.gov/forms-instructions if you have questions or wish to download the forms.</i></p> |
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For inquiries and concerns, please contact or visit us at any of the following:

Email: wecare@sunlifegrepa.com

Client Care: (+632) 8849-9633 – Calls outside the Philippines may incur additional charges

Toll-free (using PLDT Line): 1-800-10SLGREPA (7547372) outside Metro Manila

8:00 AM to 5:00 PM | Mondays to Fridays