

## Variable Life Insurance - Request for Fund Withdrawal

For Company Use Only Pick up Date : Pick up Time :	In this Application, "you" and "y us, our and the Company refer to Group of Companies.	In this Application, "you" and "your" mean persons whose information we are processing or disclosing. We, us, our and the Company refer to Sun Life Grepa Financial, Inc., a joint venture of Sun Life and the Yuchengco Group of Companies.			
Pick up Location :		Please write legibly by 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 when completely filled out.			
1 General Informat	ion				
Policy Owner (Last Name, First Name, M.I.)		Policy Number			
Citizenship		Country/ies of Legal Residence other than the Philippines			
Present Residence Address	6 (No., Street, Municipality/City, Province, Country, Zip Cod	e(P.O. Box is not acceptable)			
Permanent Residence Addr	'ess (No., Street, Municipality/City, Province, Country, Zip	Code(P.O. Box is not acceptable)			
Work Address (No., Street, Mu	unicipality/City, Province, Country, Zip Code(P.O. Box is not a	acceptable)			
Do you want us to update t	the mailing address on your existing Life Insura	ance Policies? (Considered NO if unans	wered)		
Yes (All policies)	Yes (Only the policy specified in this form)	□ No			
If Yes, pls mark the box with an X t	o indicate your choice: Present Residence Ad	dress Permanent Residence Address	Work Address		
Home Phone (Country Code, Area Code ,Tel	. No) Work Phone (Country Code, Area Code ,Tel. No)	Mobile Phone (Country Code, Mobile No.)	Email Address		
Note : Your contact informa	ation will be updated based on above				
Life Insured (Last Name, Fir	rst Name, M.I.) if different from Policy Owner				
2 Request Details					
	hdrawal from the Fund Value, in accordance v	vith the Fund Withdrawal provision of	your policy, as specified below	v:	
Currency	Amount in words and figures			```	
☐ US \$ ☐ Php			(	)	
Special Instructions (Optiona	l, specify for which Fund and the correspondi	ng amount)			
	_				

This section must be signed by the policy owner, assignee and all of the nominated irrevocable beneficiaries and witnessed by an Advisor or BSO or Staff of Sun Life Grepa Financial, Inc.. If signed before a disinterested witness, please have the form notarized by a notary public by affixing his/her signature and official seal at the back of this form.

If this form is signed outside the Philippines, please have the form authenticated or notarized by the nearest Philippine Consul in your locality.

If the policy owner or irrevocable beneficiary is a minor (less than 18 years of age) or incompetent, the legal guardian should sign on his/her behalf. Additional documents may be required from the said guardian. If any of the irrevocable beneficiaries has passed away, additional documents may be required.

By affixing your signature and presenting valid ID, you confirm, agree and hereby authorize the Company to honor and effect transactions on the basis hereof:

- a. You will inform us within 30 calendar days of any changes in your circumstances, including but not limited to citizenship(s)/nationality (-ies), and submit the applicable documents accordingly.
- b. You acknowledge the Company's statutory responsibility to provide your information, including but not limited to local or foreign tax status, to the appropriate authority.
- c. You acknowledge that the Company, its employees, duly authorized representatives, related companies, third party service providers, and vendors shall process and share your and the insured's information, with any person or organization to (i) service this account, (ii) process transactions and enforce contract, and (iii) pursue its legitimate and lawful rights and interests and other purpose allowed under laws and regulations, including but not limited to, those relating to data privacy and anti-money laundering.



## 3 Acknowledgment and Agreement (Continuation)

- d. You (i) agree to the processing of your personal data in accordance with, and for purposes declared in, the Company's Privacy Policy available at https://www.sunlifegrepa.com/upload/files/Sun\_Life\_Grepa\_Policy\_Privacy\_Statement.pdf and for the additional purpose of implementing your request/instructions herein; and (ii) reaffirm your consent to the processing of your personal data as recorded in your most recent insurance application form, and acknowledge that such consent continues to be in full force and effect.
- e. You agree to indemnify and 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 this policy or their representatives in relation to the processing of this request.
- f. If release of proceeds is through Telegraphic Transfer Credit to Account and/or Currency Conversion option, you confirm and agree that:
  - 1. The information and details are correct and that you declare under the penalty of fraud that you are the owner of the stated bank account number;
  - 2. You will shoulder any bank charge fees and charges related to the deposit to your account;

Signature of Policy Owner

- 3. 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;
- 4. You shall 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 currently 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.

**Printed Name** 

x			
(New) Signature Specimen		(New) Signature Specimen X	
Signature of Witness X		Printed Name	
Address of Witness (no., street, municipality, city/province, countr (If witness is a Sun Life Grepa Advisor/BSO, write the Branch and Adv		e employee, write the Client Service Center)	
Place of Signing		Date of Signing	
		Month - Day - Year	
Signature of Assignee	Printed Name		Date of Signing
X			Month - Day - Year
Signature of Irrevocable Beneficiary, if any	Printed Name		Date of Signing
X			Month - Day - Year
Signature of Irrevocable Beneficiary, if any Printed Name			Date of Signing
x			Month - Day - Year
Signature of Witness	1	Printed Name	
X			
Address of Witness (no.,street,municipality,city/province,countr (If witness is a Sun Life Grepa Advisor/BSO, write the Branch and Adv		fe employee, write the Client Service Center)	
Place of Signing		Date of Signing	
		Month -	Day - Year
4 Notarization			
Before me, a Notary Public for and in the City of			, this day of
20,		personally appeared before me and to me known	nd exhibited to me his/her (valid ID)
the foregoing document that is duly signed by him/her() pages including this page on which this A	and acknowledged t	to me that the same is his/her free and	
Doc No.:			
Page No.:			
Book No.: Series of			
JETIES 01			

RVFW.03.23 Page 2 of 3

5 Special Instruction							
Indicate how you would want to receive the proceeds. Choose from the following options:							
Check (Deposit to account only)							
RCBC Demand Draft (for US\$ policy)							
Branch Address for Encashment							
Telegraphic Transfer - Credit to Account and/or Currency Conversion							
Mark "A" if request is for deposit to local bank. Mark "B" if request is for currency conversion and to deposit through cross border (overseas) transfer for clients living overseas.							
A be credited to your bank account							
B be converted to ( please mark your preferred currency)							
US Dollar Canadian Dollar *Others, please specify							
Please provide the following information below:							
Account Name							
Account Number							
Name of Bank							
Address of Bank							
Routing or Serial Number (applicable for letter B only)	Swift Code Number (applicable for letter B only)						
* Subject to availability of the currency in the bank  Notes:  1. 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.  2. Submit any of the following proofs of bank account:  Bank Statement of Account   First Page of the Passbook   ATM card (with account name and number)   Certificate of Bank Deposit   Check (with account name)  The bank account number and the account name must appear on one (1) 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 submission.							
RVFW.03.23 Page 3 of 3							
Pick Up Stub for VUL- Request for Fund Withdrawal	Sun Life GREPA						
Please present this stub together with:	Policy Number						
a) One (1) Original Valid ID of Policy Owner							
b) One (1) Original Valid ID of Policy Owner and Representative if Policy Owner is unable to pick-up	Policy Owner						
the check personally. c) Authorization Letter if Policy Owner is unable to	The check will be ready for pick up on:						

Date

pick-up the check personally (Please indicate the Policy Number)

Place

at

Time