

Variable Life Insurance - Request for Fund Withdrawal



For Company Use Only	
Pick up Date :	_____
Pick up Time :	_____
Pick up Location :	_____
Received Date :	_____

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.

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 Information

Policy Owner (Last Name, First Name, M.I.)		Policy Number	
Citizenship		Country/ies of Legal Residence other than the Philippines	
Present Residence Address (No., Street, Municipality/City, Province, Country, Zip Code(P.O. Box is not acceptable))			
Permanent Residence Address (No., Street, Municipality/City, Province, Country, Zip Code(P.O. Box is not acceptable))			
Work 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.)	Email Address
Life Insured (Last Name, First Name, M.I.) if different from Policy Owner			

2 Request Details

You hereby request for a withdrawal from the Fund Value, in accordance with the Fund Withdrawal provision of your policy, as specified below:

Currency	Amount in words and figures	()
<input type="checkbox"/> US \$ <input type="checkbox"/> Php		

Special Instructions (Optional, specify for which Fund and the corresponding amount)

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3 Acknowledgment and Agreement

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:

- 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.
- 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.
- 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.
- Your rights include the right to be informed, access your data, and rectify errors in your data. For more information about your rights and how we protect your data, you may access our privacy policy at <https://www.sunlifegrepa.com/privacy-policy-statement/>. Should you have any concerns in relation to your rights or the processing of your personal data, you may get in touch with our Data Protection Officer at privacyconcern@sunlifegrepa.com.



3 Acknowledgment and Agreement (continuation)

- e. 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/privacy-policy-statement/> 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.
- f. 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.
- g. 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;
 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.

Signature of Policy Owner X	Printed Name
(New) Signature Specimen X	(New) Signature Specimen X
Signature of Witness	Printed Name
Address of Witness (no.,street,municipality,city/province,country,zip code) (If witness is a Sun Life Grepa Advisor/BSO, write the Branch and Advisor/BSO's code, if Sun Life employee, write the Client Service Center)	
Place of Signing	Date of Signing Month - Day - Year

Signature of Assignee X	Printed Name	Date of Signing Month - Day - Year
Signature of Irrevocable Beneficiary, if any X	Printed Name	Date of Signing Month - Day - Year
Signature of Irrevocable Beneficiary, if any X	Printed Name	Date of Signing Month - Day - Year
Signature of Witness X	Printed Name	Date of Signing Month - Day - Year
Address of Witness (no.,street,municipality,city/province,country,zip code) (If witness is a Sun Life Grepa Advisor/BSO, write the Branch and Advisor/BSO's code, if Sun Life 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 exhibited to me his/her (valid ID) _____ issued on _____ at _____, known to me and to me known to be the same person who executed the foregoing document that is duly signed by him/her and acknowledged to me that the same is his/her free and voluntary act and deed, consisting of _____ (__) pages including this page on which this Acknowledgment is written.

Doc No.: _____
 Page No.: _____
 Book No.: _____
 Series of _____

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

*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)

Certificatate 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.

Pick Up Stub for VUL- Request for Fund Withdrawal



Please present this stub together with:

- 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 the check personally.
- c) Authorization Letter if Policy Owner is unable to pick-up the check personally (Please indicate the Policy Number)

Policy Number

Policy Owner

The check will be ready for pick up on:

Date	at	Place	Time
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