

# Assignment of Policy(-ies) as Collateral Security

In this form **you** and **your** refer to the policy owner, while **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.

**Purpose of the form:**

This form is used to assign your life insurance policy as collateral for debt(s) and/or value received.

**IMPORTANT NOTES:**

You must accomplish and submit the completed form and a copy of your valid ID through any of our Client Service Centers or email to [wecare@sunlifegrepa.com](mailto:wecare@sunlifegrepa.com).

Please 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.

The company/business policy owner (the assignor) needs to submit a Secretary's Certificate attesting to the authority of the signatory.

**A General Information**

1. Policy Number(s)	<input type="text"/>		
<b>For Individual Policy Owner</b>			
Last Name	<input type="text"/>		
First Name	<input type="text"/>	M.I.	<input type="text"/>
<b>For Company/Business Policy Owner</b>			
Company or	<input type="text"/>		
Business Name	<input type="text"/>		

**B Authorization and Assignment Information**

You authorize the Company to transfer the insurance policy to the assignee as collateral for all current and future debts and/or other value received.

Please fill out the lender information as applicable.

**Lender - Institution (e.g. bank, company)**

Proceed to items 2 to 6, then complete items 15 and onwards

**Lender - Individual**

Proceed to items 7 to 14, then complete items 15 and onwards

**B.1 Lender - Institution (e.g. bank, company)**

2. Company or Business Name	
3. Business Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]	4. Zip Code
5. Business Phone (country code, area code, & tel. no., e.g. +63285558888)	
6. E-mail Address	

**B.2 Lender - Individual**

7. Name (Last Name, First Name, M.I.)	
8. Permanent Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]	9. Zip Code



**B.2 Lender - Individual (continuation)**

10. Present Home Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]		11. Zip Code
12. Mobile Phone (country code, area code, & tel. no., e.g. +639123456789) +	13. Home Phone (country code, area code, & tel. no., e.g. +63285558888) +	
14. E-mail Address		

**C Signatures**

By signing, you confirm your understanding and agreement to the following:

- You will inform us within 30 calendar days of any change 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 the contract, and (iii) pursue its legitimate and lawful rights and interests and other purposes allowed under laws and regulations, including, but not limited to, those relating to data privacy and anti-money laundering;
- Your personal data shall be retained throughout the existence of your account(s) and/or until expiration of the retention limit set by laws and regulations from account closure and the period set for destruction or disposal of records. You certify that you have read, understood, and agreed with the declarations and authorizations above, including Sun Life's privacy policy found in <https://www.sunlifegrepa.com/privacy-policy-statement/>;
- You agree that the Company shall process your personal data to evaluate, process, and implement the transaction or request that you have initiated. The Company may disclose your personal data to its affiliates, service providers, and other third parties for processing consistent with the foregoing purpose, and to comply with legal obligations, as well as laws and regulations (domestic or foreign);
- 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](mailto:privacyconcern@sunlifegrepa.com); and
- 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.

If the policy owner is not an individual (e.g. company/business), the signature and title of the authorized signatory is required.

**For Policy Owner/Authorized Signatory**

15. Signature of Policy Owner	16. Printed Name
17. Signature of Authorized Signatory #1 (For Company/Business Policy Owner)	18. Printed Name and Job Title
19. Signature of Authorized Signatory #2 (For Company/Business Policy Owner)	20. Printed Name and Job Title
21. Signature of Witness	22. Printed Name
23. Place of Signing	24. Date of Signing (e.g. 08-AUG-2008) Day      Month      Year □□ - □□□□ - □□□□

**For Irrevocable Beneficiary, if any**

25. Signature of Irrevocable Beneficiary #1	26. Printed Name
27. Place of Signing	28. Date of Signing (e.g. 08-AUG-2008) Day      Month      Year □□ - □□□□ - □□□□
29. Signature of Witness	30. Printed Name
31. Place of Signing	32. Date of Signing (e.g. 08-AUG-2008) Day      Month      Year □□ - □□□□ - □□□□
33. Signature of Irrevocable Beneficiary #2	34. Printed Name
35. Place of Signing	36. Date of Signing (e.g. 08-AUG-2008) Day      Month      Year □□ - □□□□ - □□□□

**C Signatures**

37. Signature of Witness	38. Printed Name
39. Place of Signing	40. Date of Signing (e.g. 08-AUG-2008) <span style="float: right;">Day      Month      Year □□ - □□□□ - □□□□</span>

**Let us serve you better!**

41. Mailing Address (P.O. Box is not acceptable) <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Present Home Address <input type="checkbox"/> Work Address	
42. Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]	43. Zip Code
44. Work Phone (country code, area code, & tel. no., e.g. +63285558888) +	45. Home Phone (country code, area code, & tel. no., e.g. +63285558888) +
46. Mobile Phone (country code, mobile no., e.g. +639123456789) +	
47. Email Address	

48. Do you want us to update the information on all your existing Life Insurance Policies? (Considered NO if unanswered)

Yes     No [Only policy(-ies) specified in this form will be changed]

49. Would you like to receive personalized communication and product offers from the Company that may help with your financial needs?

Yes     No

**For Office Use Only**

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