

In this form, "you" and "your" refer to person(s) 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 Financial and the Yuchengco Group of Companies.

The grace period allowed for payment of the premium has expired. If payment has not been made, your policy lapsed and all benefits pertaining to it ceased. You may, however, take advantage of this simplified reinstatement offer and again be able to experience the security offered by your valuable policy.

To apply for this reinstatement, simply complete and sign this application for reinstatement and return the form to us with your payment no later than 90 days after the due date.

PRINT clearly. Use BLACK ink. Indicate N/A if question is not applicable.

## 1 General Information

Policy Owner (Last Name, First Name, M.I.)			Life insured if different from the policy owner	
Policy Number			Relationship to the life insured <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Others, specify _____	
Birthplace (City/Province and Country)	Birthdate (day/month/year)	Age	Religion	
Citizenship/s	Country/ies of Legal Residence other than the Philippines			
ID Presented	ID No.	ID Expiry Date	TIN	
SSS No. or GSIS No.	Explain if there is no TIN, SSS or GSIS No.			
Permanent Residence Address (no., street, municipality/city, province, country, zip code) P.O. Box is not acceptable				
Present Residence 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.)	E-mail Address	

## 2 Questions

The following questions must be answered by: i. the life insured; ii. the owner of the policy if the policy includes a waiver of premium benefit.

- |   | Life Insured                |                              | Owner                       |                              |
|---|-----------------------------|------------------------------|-----------------------------|------------------------------|
| 1. Within the past year, have you had any symptoms of, sought advice for, or been treated for high blood pressure, stroke, heart trouble, diabetes, cancer or tumor, chest pain, bleeding from the bowel, or blood in your sputum, or has treatment for any of these been recommended by a physician or other practitioner? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Within the past year, have you been admitted or been advised to be admitted to a hospital or other medical facility, or has surgery been performed or recommended, or has any medical test/laboratory procedure been scheduled or recommended?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Within the past year, have you had any abnormal test results, or had routine check-up, or had ECG, x-ray, urine, blood tests or other tests which resulted in abnormal findings?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. Within the past year, do you have any health symptoms or complaints for which a physician has not been consulted or treatment has not been received? For example: persistent fever, unexplained weight loss, loss of appetite, pain, mass or cyst or swelling in any parts of the body, etc.?                            | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |



## 2 Questions (continuation)

If, on or before the specified date (a) this application is returned to us with all questions fully and truthfully answered "NO", and (b) payment in full is made, your policy will be reinstated effective the day on which the later of (a) or (b) takes place provided there has been no change in the insurability of the life insured, and of the owner if the policy includes a waiver of premium and that the answers to the questions are still complete and accurate as of that day.

If any question is answered "YES" or left blank, your policy will not be reinstated. In this circumstance, please contact your agent or our Call Center at 849-9633 for further information on alternative requirements to consider reinstatement of your policy. You may also visit our website at [www.sunlifegrepa.com](http://www.sunlifegrepa.com)

## 3 Acknowledgment and Agreement

This section must be signed by the life insured, the parent, if applicable, and the owner if the policy includes a waiver of premium benefit. A person below 18 years old must be represented by his parent or legal guardian.

By signing below, you hereby declare that to the best of your knowledge and belief, the above answers are full and true.

### Changes to Material Facts or Personal Information

By affixing your signature below, you acknowledge and agree that you shall notify the Company in writing and provide the required details or documents within thirty (30) days for any changes in your personal/material information which results in the Company being subject to tax reporting and withholding requirements under local and/or foreign laws applicable to you or your property. There is a change in your personal/material information if there is a change in your contact number(s), place of residence, citizenship, or other circumstance as defined under applicable laws.

### Data Privacy

By signing below, you allow us to process and disclose your personal and sensitive personal information to third parties so that we can better help you meet your lifetime needs.

Your rights include the right to be informed, access your data, rectify errors, object to processing, and file a complaint. 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).

Signature of Life Insured (required if life insured is 18 years old and over) X	Printed Name	Place and Date of Signing (day/month/year)
Signature of Owner X	Printed Name	Place and Date of Signing (day/month/year)
Signature of Parent if life insured is below 18 years old X	Printed Name of Parent	Place and Date of Signing (day/month/year)
Signature of Witness	Printed Name	Place and Date of Signing (day/month/year)
Address of Witness		