

Consolidated Applicant's Declaration on:

Data Privacy Act, Foreign Account Tax Compliance Act, Third Party Determination and Anti-Money Laundering Act

In this application, "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.

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

1 General Information

A. Policy Ownership

Who will own this policy?

- Individual applicant (Proceed to Section A.1) Business applicant (Proceed to Section A.2)

A.1 Individual Applicant

Last Name First Name Middle Name

Other Legal Names Male Mr. Mrs. Relationship to the life to be insured
 Female Miss Others, specify _____ Father Others, specify _____
 Mother

Single Married Birthplace (City/Province and Country) Birthdate (day/month/year) Age
 Widowed Legally Separated

Citizenship/s Country/ies of Legal Residence other than the Philippines Religion

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

Primary Occupation/Position or Rank

Name of Employer Nature of Business (*indicate product or service*)

Business Address (building, street, municipality/city, province, country, zip code) *P.O. Box is not acceptable*

Other Occupations (including military, appointed or elected government or political positions) Annual Income



Sources of Funds for this Application *(Select all that apply)*

- Salaries/Commissions/Bonus/Professional Fees
 Rental/Interest/Investment/Dividends
 Inheritance/Sale of Assets
- Business
 Others, specify _____

A.2 Business Applicant

Company/Business Name Relationship to the life to be insured
 Employer Others, specify _____

Country of Incorporation or Business Registration Type of Business TIN
 Sole Proprietorship Corporation
 Partnership Others _____

Contact Person Designation

Business Address (building, street, municipality/ city, province, country, zip code) *P.O. Box is not acceptable*

Business Phone (country code, area code & tel. no.) E-mail Address

A.3 Mailing Address

Use address as shown in *(Check one)*:

- Permanent Residence of applicant Permanent Residence of life to be insured
 Present Residence of applicant Present Residence of life to be insured
 Business address of applicant Business address of life to be insured
 Others *(Provide details below. Submit a letter of authorization and Special Power of Attorney if all communications will be mailed to your agent.)*

Name Relationship to the life to be insured

Address (no., street, municipality/city, province, country, zip code) *P.O. Box is not acceptable*

Would you like to use the same mailing address for all your existing policies? Yes No

2 Third Party Determination

Use additional sheet if there are other third parties.

Is there any Third Party who: funds any of the payment? Yes No
has access, use or any kind of financial interest in the account (e.g. as beneficial owners)? Yes No

If there is a Third Party, provide details below:

Name Relationship to the Applicant/Initial Owner

Permanent Address TIN

Citizenship/s Country/ies of Legal Residence other than the Philippines Occupation

If the Third-Party is an entity, provide additional details below.

Type of Entity (e.g. stock corporation/partnership)

Nature of Business

Country of Registration

Registration Number

3 Signatures

By signing below you acknowledge/agree that:

A. Declaration

- 1) the answers and statements made on this form and in any other document forming part of this application (hereinafter collectively called this "Application") are complete, true, and will be the basis of any contract that may arise;
- 2) all material facts which may influence the assessment of this Application have been disclosed and your failure to do so renders the contract void;
- 3) you have made no statement to the agent or any other person associated with the Company which modifies the answers and statements on this Application;
- 4) you were present during the completion of this Application and you have reviewed all your answers and statements;
- 5) if you transact with the Company by electronic means, you assume full responsibility for all transactions that use your electronic identification; the Company may rely on the instructions/statements received via electronic means and you hold the Company harmless from any liability arising out of the foregoing;

B. 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 pprivacyconcern@sunlifegrepa.com.

If you need more information about our privacy policy, please visit <https://www.sunlifegrepa.com/privacy-policy-statement/>.

C. Changes to Material facts or Personal Information

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 circumstances as defined under applicable laws.

Place of Signing

Date of Signing (day/month/year)

Signature of Life to be Insured (required if the life to be insured is 18 years old and above)

X

Place of Signing

Date of Signing (day/month/year)

Signature of Applicant

X

Place of Signing

Date of Signing (day/month/year)

Signature of Authorized Signatory (required if applicant is a business entity)

X

Printed Name

Designation

Place of Signing

Date of Signing (day/month/year)

Signature of Agent as Witness (require another agent to sign as witness if life to be insured is an immediate relative of the agent)

X

Printed Name of Agent

4 Agent's Report

For any explanation, provide further details on Remarks or Additional Comments.

A. About the Applicant

- 1. Did you personally see applicant for this application? Yes No
If No, provide details: _____

- 2. Are you aware of any unfavorable criticism on the character, death threats, involvement in anti-money laundering crimes, use or sale of illegal drugs, association with militant groups affecting the applicant? Yes No
If Yes, provide details: _____

- 3. To the best of your personal knowledge, has applicant or any of his/her immediate relative (living or deceased), ever held any position/s or office/s in or on behalf of the government of the Philippines or of a country other than the Philippines? Yes No
Note: Immediate relative refers to parents, siblings, spouse and children.

Remarks or Additional Comments:

B. Agent Information

Name of Agent	Code	NBO
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C. Agent Declaration

I declare and confirm that:

- 1. I have asked the questions contained in this Application to the applicant and the answers were correctly recorded;
- 2. this Application, report and any accompanying information are complete and true to the best of my personal knowledge and belief;
- 3. I have exerted reasonable efforts to determine if the applicant is acting on behalf of a third party in this Application; and
 - There is no third party in this Application
 - I suspect that there is an undisclosed third party involved in this Application because _____
- 4. I have performed the appropriate know-your-clients process in accordance with the anti-money laundering laws and polices of the Company. Should there be any adverse change in my opinion regarding the integrity or reputation of the applicant, I shall inform the Company's Money Laundering Reporting Officer immediately.

Signature of Agent X	Date of Signing (day/month/year)
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