

Release of Assignment 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 cancel the assignment of the policy to the creditor.

IMPORTANT NOTES:

The assignee must accomplish this form. You must submit the following documents through any of our Client Service Centers or email to wecare@sunlifegrepa.com:

- a. Completed form signed by the assignee or the authorized signatory(-ies), if assignee is a company;
- b. Valid ID of the assignee or the authorized signatory(-ies), if assignee is a company; and
- c. Secretary's certificate attesting to the authority of the signatory, if assignee is a company.

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/planholder/investor (the assignor) needs to submit a Secretary's Certificate attesting to the authority of the signatory.

A General Information

1. Policy Number(s)	<input style="width: 95%;" type="text"/>		
For Individual Policy Owner			
Last Name	<input style="width: 95%;" type="text"/>		
First Name	<input style="width: 70%;" type="text"/>	M.I.	<input style="width: 15%;" type="text"/>
For Company/Business Policy Owner			
Company or Business Name	<input style="width: 95%;" type="text"/>		
	<input style="width: 95%;" type="text"/>		

B Assignee Information

2. Lender - Institution			
Company or Business Name	<input style="width: 95%;" type="text"/>		
	<input style="width: 95%;" type="text"/>		
3. Lender - Individual			
Last Name	<input style="width: 95%;" type="text"/>		
First Name	<input style="width: 70%;" type="text"/>	M.I.	<input style="width: 15%;" type="text"/>

C Signatures

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

- a. The policy owner shall inform us within 30 calendar days of any change in their circumstances, including but not limited to citizenship(s)/nationality(-ies), and submit the applicable documents accordingly.
- b. The policy owner acknowledges the Company's statutory responsibility to provide their 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 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 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.
- d. Your personal data shall be retained throughout the existence of this/these 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/>; and
- 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.

C Signatures (continuation)

4. Signature of Assignee/Authorized Signatory #1 (For Lender Institution)	5. Printed Name and Job Title
6. Signature of Witness	7. Printed Name
8. Place of Signing	9. Date of Signing (e.g. 08-AUG-2008) Day Month Year □□ - □□□ - □□□□
10. Signature of Assignee/Authorized Signatory #2 (For Lender Institution)	11. Printed Name and Job Title
12. Signature of Witness	13. Printed Name
14. Place of Signing	15. Date of Signing (e.g. 08-AUG-2008) Day Month Year □□ - □□□ - □□□□

For Office Use Only

--