

IMPORTANT REMINDERS:

- Submit certified true copies only.
 - ✓ Photocopies, except for IDs, are not acceptable.
 - ✓ Photocopies of IDs may be submitted provided the original copies are presented for verification.
- Except as indicated below, documents submitted to Sun Life Grepa Financial, Inc. (SLGFI) will not be returned.
- We may ask for additional documents after reviewing the requirements you submitted.
- Death that occurs within two (2) years from date of policy issue or last reinstatement is subject to investigation and will affect processing time.

A Basic Requirements

<p><input type="checkbox"/> Death Benefit Claim Form [form provided by SLOCPI] to be completed by the designated primary beneficiary(-ies) or by authorized signatory, if beneficiary is a company</p> <p><i>Special Instruction:</i></p> <p>One Death Benefit Claim Form per beneficiary.</p> <p>If beneficiary is a minor or under eighteen (18) years of age or has mental disabilities, the guardian must complete the form. Additional documents may be required from the said guardian and advice will be given accordingly.</p> <p>If the death benefit is payable to the estate, each heir must complete sections 2 to 4 of the form and attach estate settlement documents.</p>	<p><input type="checkbox"/> Death Certificate</p> <ul style="list-style-type: none"> • If death happened in the Philippines – must be duly certified by the Local Civil Registrar, signed with official seal and Local Civil Registry Number (<i>original form with blue background or lines is not acceptable</i>) or issued by the Philippine Statistics Authority • If death happened abroad – must be apostilled or authenticated by the applicable Consulate including the official English translation (<i>original – to be returned</i>) <p><input type="checkbox"/> One (1) valid government-issued ID with photo and signature per beneficiary</p>
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B Conditional Requirements (Submit appropriate requirements as indicated below.)

B.1 Based on Beneficiary Information

<p>If beneficiary is the spouse</p> <p><input type="checkbox"/> Marriage Certificate issued by the Philippine Statistics Authority (<i>original</i>)</p>	<p>If beneficiary is a minor (<i>below 18 years old</i>)</p> <p><input type="checkbox"/> Birth Certificate of the minor issued by the Philippine Statistics Authority</p> <p><input type="checkbox"/> Notarized Affidavit of Guardianship [form provided by SLOCPI] if parent or other party is claiming on behalf of the minor</p> <p>Additional documents required if the approved claim exceeds PHP500,000.00:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Guardian's Bond approved by the court including the Summary of the Proceedings or the Petition if parent is claiming on behalf of the minor (<i>submit only upon approval of claim</i>) <input type="checkbox"/> Letters of Guardianship approved by the court including the Summary of the Proceedings or the Petition if parent is claiming on behalf of the minor (<i>submit only upon approval of claim</i>)
<p>If designated beneficiary is a creditor</p> <p><input type="checkbox"/> Statement of Account if loan has not been paid in full as of date of death</p> <p><input type="checkbox"/> Proof of Settlement of Loan if loan has been paid in full as of date of death</p>	<p>If beneficiary is a corporation</p> <p><input type="checkbox"/> Corporate Secretary's Certificate indicating the name(s), scope of authority and specimen signature(s) of the person(s) authorized by the company through a board resolution to sign the claim requirements</p> <p><input type="checkbox"/> One (1) valid government-issued ID with photo and signature per authorized signatory</p> <p><input type="checkbox"/> Latest General Information Sheet (GIS) duly filed with the Securities and Exchange Commission (SEC)</p>

B.2 Based on Circumstances of Death

If death is due to an accident or violent incident

- Police Report**
- Autopsy and/or Medico-Legal Report** (if available)
- Toxicology Report** (if available)
- Obituary or Newspaper Clippings** (if available)
- Hospital Records of the life insured** (Admitting History and Discharge Summary or their equivalent)
- Driver's License** if accident occurred while insured was driving a vehicle
- Authorization to Investigate** [form provided by SLOCP]

If death occurred within two (2) years from date of policy issue or last reinstatement

- Attending Physician's Statement** [form provided by SLOCP] to be completed by the doctor who attended to the insured during his last illness or at the time of death
- Authorization to Investigate** [form provided by SLOCP]
- Hospital Records of the life insured** (Admitting History and Discharge Summary or their equivalent)

If death happened abroad

- Passport** (original – to be returned)
- Other documents related to travel or death abroad** (e.g. Cremation / Embalming Certificate, Proof of Transfer of Body, etc.) apostilled or authenticated by the applicable Consulate including the official English translation (original – to be returned)

B.3 Based on Preferred Payment Option

If the beneficiary prefers to receive the death benefit through credit to account

- Proof of bank account** e.g. Bank Statement of Account, Certificate of Bank Deposit, First Page of the Bank Passbook, Check, ATM Card or Validated Deposit/Withdrawal Slip showing the bank account number and account name of the beneficiary (submit only one)

Special instruction: The bank account number and the account name must appear on the same 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 submissions.

C Regulatory Requirements

If beneficiary is a U.S. citizen or a resident individual (including green card holder and dual citizen) or if beneficiary is a U.S. entity (partnership/corporation organized in the U.S. or under the laws of the U.S.)

- Duly accomplished **Form W-9**

If beneficiary is a non-U.S. citizen or a resident individual with U.S. mailing/residence address, U.S. phone number, etc.

- Duly accomplished **Form W-8BEN**

If beneficiary is a non-U.S. entity with U.S. mailing address, U.S. phone number, etc.

- Duly accomplished **Form W-8BEN-E**

Special instruction: Please visit www.irs.gov/forms-instructions if you have questions or wish to download the forms.

For inquiries and concerns, please contact or visit us at any of the following:

Email: wecare@sunlifegrepa.com

Client Care: (+632) 8849-9633 – Calls outside the Philippines may incur additional charges

Toll-free (using PLDT Line): 1-800-10SLGREPA (7547372) outside Metro Manila

8:00 AM to 5:00 PM | Mondays to Fridays