

Request Form - Credit to Account and/or Currency Conversion

In this form, "you" and "your" refer to policyowner, life insured, claimant or any person designated as payee 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 and the Yuchengco Group of Companies.

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

1 General Information

The "Recipient" could either be the policyowner, insured, claimant or any person designated as payee.

Name of Recipient (Last Name, First Name, M.I.)	
Policy Number(s)	Amount

2 Details of Request

Mark "A" if request is for deposit to local bank. Mark "B" if request is for currency conversion and to deposit through cross border (overseas) transfer for clients living overseas.

A. be credited to your bank account

B. be converted to (please mark your preferred currency)

USDollar

Canadian Dollar

*Others, please specify _____

and credited to your bank account through cross border (overseas) transfer

with the following information:

Account Name	
Account Number	
Name of Bank	
Address of Bank	
Routing or Serial Number (applicable for letter B only)	Swift Code Number (applicable for letter B only)

**Subject to availability of the currency in the bank*

Notes:

1. Please ensure that you provide the correct account information. The Company will not be liable if the remittance is credited to an erroneous bank account number.

2. Submit any of the following proofs of bank account:

a. Bank Statement of Account

c. First Page of the Bank Passbook

e. ATM card

b. Certificate of Bank Deposit

d. Check

The bank account number and the account name must appear on one (1) 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.

3 Signatures

By signing, you confirm and agree that:

- The above details are correct and that you declare under the penalty of fraud that you are the owner of the stated bank account number;
- You will shoulder any bank fees and charges related to the deposit to your bank account;
- Deposit of the amount through your designated bank account number or account name fully releases and discharges the Company from any claims or liabilities related thereto;
- You agree to indemnify and hold the Company free and harmless from and against any and all claims, losses, including opportunity loss, damages, or expenses as a result of your credit to account and/or currency conversion request, including any misrepresentation as to the owner of the bank account, and/ or failure of your bank or its intermediary to honor the transaction; and
- You agree to the processing of your personal and sensitive personal information for the additional purpose of implementing your request/instructions herein in accordance with Sun Life's Privacy Policy available at <https://www.sunlifegrepa.com/privacy-policy-statement/>, reaffirm your consent to the processing of your personal data as recorded in your most recent insurance application form, and acknowledge that such consent continues to be in full force and effect.
- 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.

Signature over Printed Name of Recipient X	Date of Signing (month/day/year)
Address	Contact Number(s)
Conforme (Signature over Printed Name of Policy Owner - if not the Recipient) X	Date of Signing (month/day/year)

