Sun Life GREPA Financial

Mental Incapacity Benefit Claim Form

In this form ***you***, ***your*** and ***the Claimant*** refer to the pre-appointed Mental Incapacity Benefit Recipient (MIBR), 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 by the MIBR to file a Mental Incapacity Benefit (MIB) claim due to the Mental Incapacity, Coma, or Major Head Trauma of the life insured.

Important Notes

Please print legibly in capital letters. Write **N/A** if a section does not apply. Sign the form only when it is fully completed, and submit it along with all required medical documents.

1 Information about the Life Insured

Life Insured's Full Name (Last Name, First Name, Middle Name, Suffix)	Policy Number	Date of Birth (e.g. 01-JAN-2008) Day – Month – Year

Complete Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]

2 Information about the MIBR

Full Name (Last Name, First Name, Middle Name, Suffix)			Relationship to the life insured
Date of Birth (e.g. 01-JAN-2008) Day – Month – Year	**Place of Birth**	**Sex** (at Birth)	**Citizenship/Nationality**
Countries of Legal Residence/Incorporation or Business Registration other than Philippines	**E-mail Address**		**Contact Numbers**
Name of Employer/Business	**Address of Employer/Business** (P.O. Box is not acceptable)		
Occupation/Nature of Business	**Source of Funds**		**Philippine TIN**

3 Payment Details

Indicate how you would want to receive the benefit proceeds. Choose only one (1) payment method from the following options:

☐ **Credit to Account** (should be under the name of the MIBR)

☐ Credit to local bank account

☐ Currency conversion (applicable only to a beneficiary residing abroad) – convert to:

☐ US Dollar ☐ Canadian Dollar ☐ *Other Currency, please specify _____

subject to availability of the currency in the bank and credit to bank account through overseas transfer

Account Name:	Bank Address:
Account Number:	Routing or Serial Number*:
Bank Name:	Swift Code Number*:

** applicable only to currency conversion*

Important reminders:

1. Ensure that you provide the correct account information. The Company will not be liable if the remittance is credited to the wrong bank account number.
2. Submit 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). 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.
3. You confirm and agree that:
   a. You will shoulder all bank fees and charges related to the deposit to your bank account;
   b. 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; and
   c. 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.

3 Payment Details (continued)

☐ **Check** (for Peso policy only) ☐ **RCBC Demand Draft** (for US Dollar policy only)

☐ Send through Servicing Advisor at preferred mailing location (automatic if no instruction provided)

☐ For pick-up at Sun Life office (specify location): _____

☐ For Check – Send by courier/registered mail (specify address): _____

☐ For RCBC Demand Draft – For encashment (provide details below):

Date of Encashment: _____ RCBC Branch Address: _____

4 Signatures

By affixing your signature and presenting valid ID, you confirm, agree and hereby authorize the Company to honor and effect transactions on the basis hereof:

a. The Company has a statutory obligation to disclose your information, including but not limited to your local or foreign tax status, to the appropriate government or regulatory authorities as required by applicable laws and regulations;

b. The Company, its employees, duly authorized representatives, related companies, third-party service providers, and vendors may collect, use, process, store, disclose, and share your personal information and that of the life insured with any person or organization as necessary to: (i) service and administer the policy and related accounts; (ii) process transactions, implement your request or instructions, and enforce contractual obligations; (iii) comply with legal, regulatory, and reporting requirements; and (iv) pursue the Company's legitimate and lawful rights, interests, and other purposes permitted under applicable laws and regulations, including those relating to data privacy and anti-money laundering;

c. You agree to the processing of your personal data and that of the life insured in accordance with the Company's privacy policy available at https://www.sunlifegrepa.com/privacy-policy-statement, and reaffirm any consent previously provided in the life insured's most recent insurance application or related forms, which shall remain valid and effective. Such processing shall likewise include the implementation of your request or instructions herein;

d. Your and the life insured's personal data shall be retained for the duration of the applicable MIB under the policy and thereafter until the expiration of the applicable retention periods required by Company standards, laws, and regulations, as measured from account closure or termination of the relevant relationship, whichever is later;

e. You acknowledge your rights as a data subject, including the right to be informed, access your personal data, rectify errors, object to processing, and file a complaint. If you have concerns regarding the processing of your personal data or the exercise of your rights, you may contact the Company's Data Protection Officer at privacyconcern@sunlifegrepa.com;

f. You certify that you have read, understood, and agree to the foregoing declarations, authorizations, and the Company's privacy policy at https://www.sunlifegrepa.com/privacy-policy-statement; and

g. You further agree to indemnify and hold free and harmless the Company, its affiliates, directors, officers, employees, legal representatives, and assignees from and against any loss, damage, claim, liability, or action brought by any third party, including parties to the policy or their representatives, arising from or relating to the processing and implementation of this request.

For Dividend option: This section must be signed by the MIBR.

For Surrender option: This section must be signed by the MIBR, assignee (if any), and all irrevocable beneficiaries (if any).

Signature of MIBR **X**	Printed Full Name
Signature of Assignee, if any **X**	Printed Full Name and Job Title
Signature of Irrevocable Beneficiary, if any **X**	Printed Full Name
Signature of Irrevocable Beneficiary, if any **X**	Printed Full Name
Signature of Irrevocable Beneficiary, if any **X**	Printed Full Name
Place of Signing	Date of Signing (e.g. 01-JAN-2026) Day – Month – Year

5 Preferred Proof of Transaction

Specify how you would like to receive the forms you signed and proof of transaction:

☐ Electronic copy via email to

☐ Printed copy through my Advisor (default option for individual insurance if any of the boxes is unmarked)

☐ Printed copy to my mailing address below (default option for group insurance if any of the boxes is unmarked)