Sun Life GREPA Financial

Authorization Form for Dividend/Endowment Benefit/ Special Paid-Up Bonus/Centenarian Bonus

Client copy:

☐ Photo Taken ☐ Photocopy
☐ Opted Out
Signature: _____
Received Date : _____

In this form, ***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., a joint venture of Sun Life and the Yuchengco Group of Companies.

Please write legibly by 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 when completely filled out.

1 General Information

For ☐ Individual Policy Owner ☐ Endowment Beneficiary

Name (Last Name, First Name, M.I., Suffix)	Policy Number

Citizenship	Country(ies) of Legal Residence other than the Philippines

Present Residence Address (No., Street, Municipality/City, Province, Country, Zip Code (P.O. Box is not acceptable)

Permanent Residence Address (No., Street, Municipality/City, Province, Country, Zip Code (P.O. Box is not acceptable)

Work 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.)	Email Address

2 Request Details

2.1 Dividends

Mark the appropriate box with an "**X**" Current divident option : as ☐ Addition to Policy* ☐ Dividend Accumulation

*This option is applicable only for participating life insurance policies issued by the Company.

A. Withdraw the amount of

Currency ☐ US$ ☐ PHP	amount in words and figures ( )

B. Apply the amount of

Amount in words and figures	For	To Application Serial No./Policy No.
( )	Initial/Renewal Premium	
( )	Policy Advance/Interest	
( )	Others	

Withdrawal of dividends (A) and application of the amount withdrawn (B) are applicable to participating policies issued by the Company with current dividend options in effect as Paid-up Additions and Dividend Accumulations.

Reminder: You understand that if you withdraw any accumulated dividends, you may lose certain options available under your policy.

2.2 Endowment Benefit

A. Withdraw the amount of

Currency ☐ US$ ☐ PHP	amount in words and figures ( )

2 Request Details (continued)

B. Apply the amount of

Amount in words and figures	For	To Application Serial No./Policy No.
( )	Initial/Renewal Premium	
( )	Policy Advance/Interest	
( )	Others	

Reminder: You understand that if you withdraw any endowment benefits, you may lose certain options available under your policy.

2.3 Special Paid-Up Bonus (This option is applicable to Sun Grepa Elev8, Sun Grepa Fit and Well, Sun Grepa Cancer Care and other products with this feature.)

A. Withdraw the amount of

Currency ☐ US$ ☐ PHP	amount in words and figures ( )

B. Apply the amount of

Amount in words and figures	For	To Application Serial No./Policy No.
( )	Initial/Renewal Premium	
( )	Policy Advance/Interest	
( )	Others	

Reason for Withdrawal of Dividend, Endowment or Special Paid-Up Bonus

2.4 Change Dividend Option to (Complete this portion only if a change in Dividend Option is requested. The new option will be applied to subsequent dividends.)

☐ as Addition to Policy* ☐ Applied to Installment/Premiums ☐ Paid in Cash ☐ Dividend Accumulation**

*This is applicable only for participating life insurance policies issued by the Company. Evidence of insurability may be required for change dividend option from Dividend Accumulation to Addition to Policy.

**Under this option, for policies issued by the Company, you hereby authorize us to apply any dividend credits towards any Premium Payment Default Option in effect and any interest on outstanding policy advances (loans).

2.5 Change Endowment Benefit Pay-out Option to (Policy owner to complete this portion if a change in Endowment Benefit Pay-out Option is requested.)

☐ Receive the amount in check ☐ Leave the amount on deposit with the Company

2.6 Change Special Paid-Up Bonus Option to (Policy owner to complete this portion if a change in Special Paid-Up Bonus Option is requested.)

☐ Paid in Cash ☐ Special Paid-Up Bonus Accumulation

2.7 Change Centenarian Bonus Option to (Policy owner to complete this portion if a change in Centenarian Bonus Option is requested.)

☐ Receive the amount in check ☐ Leave the amount on deposit with the Company

3 Acknowledgment and Agreement

This section must be signed by the policy owner for the withdrawal of dividends and special paid-up bonus, change in centenarian bonus, dividend and special paid-up bonus option, and all elected endowment beneficiaries for withdrawal of endowment benefit. If request is for a change in Centenarian Bonus or Endowment Benefit Pay-out, all irrevocable endowment beneficiary(ies) must also sign. If the policy owner or endowment beneficiary is a minor (less than 18 years of age at the time of transaction) or incompetent, the legal guardian should sign on his/her behalf. Additional documents may be required from the said guardian. If any of the irrevocable endowment beneficiaries has passed away, additional documents may be required. If the policy owner is not an individual (e.g. company/ business) the signature and title of the authorized signatory is required.

This section must be witnessed by an Advisor, Bancassurance Sales Office (BSO) or Staff of the Company. Otherwise if signed before a disinterested witness, please have the form notarized by a notary public by affixing his/her signature and official seal at the back of this form. If this form is signed outside the Philippines, please have the form authenticated or notarized by the nearest Philippine Consul in your locality.

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. You will inform us within 30 calendar days of any changes in your circumstances, including but not limited to citizenship(s)/nationality(-ies), and submit the applicable documents accordingly.

b. You acknowledge the Company's statutory responsibility to provide your 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 and the insured's information, with any person or organization to (i) service this account, (ii) process transactions and enforce contract, and (iii) pursue its legitimate and lawful rights and interests and other purpose allowed under laws and regulations, including but not limited to, those relating to data privacy and anti-money laundering.

3 Acknowledgment and Agreement (continued)

d. 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 privacyconcern@sunlifegrepa.com.

e. You (i) agree to the processing of your personal data in accordance with, and for purposes declared in, the Company's Privacy Policy available at https://www.sunlifegrepa.com/privacy-policy-statement and for the additional purpose of implementing your request/instructions herein; and (ii) 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.

f. Your personal data shall be retained for the duration of your coverage under your plan or existence of your account(s) and/or upon the later of the expiration of the retention limit set by Company standards, laws and regulations, counted from account closure. You certify that you understand and agree with the declarations and authorizations above and the Company's privacy policy at https://www.sunlifegrepa.com/privacy-policy-statement.

g. 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.

h. If release of proceeds is through Credit to Account or Telegraphic Transfer option, you confirm and agree that:

1. The information and details are correct and that you declare under the penalty of fraud that you are the owner of the stated bank account number;
2. You will shoulder any bank charge fees and charges related to the deposit to your account;
3. 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;
4. You shall 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 currently 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.

Signature of Policy Owner/Endowment Beneficiary **X**	Printed Name
(New) Signature Specimen **X**	(New) Signature Specimen **X**
Signature of Witness	Printed Name
Address of Witness (No., Street, Municipality/City, Province, Country, Zip Code (P.O. Box is not acceptable) ***If witness is a Sun Life Grepa Advisor, provide only your Branch/Region and advisor's code. If witness is a Sun Life employee, write the Client Service Center.***	
Place of Signing	Date of Signing (i.e. 01-FEB-2026) DAY MONTH YEAR ☐☐-☐☐☐-☐☐☐☐

Signature of Irrevocable Endowment Beneficiary (for change in Endowment Pay-out Option) **X**	Printed Name	Date of Signing (i.e. 01-FEB-2026) DAY MONTH YEAR ☐☐-☐☐☐-☐☐☐☐
Signature of Irrevocable Endowment Beneficiary (for change in Endowment Pay-out Option) **X**	Printed Name	Date of Signing (i.e. 01-FEB-2026) DAY MONTH YEAR ☐☐-☐☐☐-☐☐☐☐

Signature of Witness **X**	Printed Name
Address of Witness (No., Street, Municipality/City, Province, Country, Zip Code (P.O. Box is not acceptable) ***If witness is a Sun Life Grepa Advisor, provide only your Branch/Region and advisor's code. If witness is a Sun Life employee, write the Client Service Center.***	
Place of Signing	Date of Signing (i.e. 01-FEB-2026) DAY MONTH YEAR ☐☐-☐☐☐-☐☐☐☐

5 Disbursement Instruction

Indicate how you would want to receive the proceeds. Choose from the following options:

☐ Check (Deposit to account only) for pick up at _____ Client Service Center

☐ RCBC Demand Draft (for US$ policy) - Branch Address for Encashment _____

☐ Credit to Account or Telegraphic Transfer

5 Disbursement Instruction (continued)

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 local bank account

B ☐ be converted to (please mark your preferred currency) ☐ US Dollar ☐ 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 the Bank	Address of the Bank
Applicable for letter "B" only	
Routing or Serial Number	Swift Code Number
Only if applicable	
Sort Code (for GBP currency) _____ Client's overseas contact number _____	
International Bank Account Number _____ Institution number _____ Transit number _____	
Client's overseas complete address _____	

Notes:

1. *Subject to availability of the currency in the bank. 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 (**should have Bank Name, Account Name and Account Number**):

Bank Statement of Account	Bank Passbook	ATM Card	Check	Certificate of Bank Deposit	Machine Validated Slip: 1) Deposit or 2) Withdrawal

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.

Let us serve you better! Updating made easier. You may now update your contact information via the Client Portal or Mobile App.

Option 1: Via **MySunLifeGrepa Client Portal (www.sunlifegrepa.com)**	Option 2: Via **Mobile App** Download the **Sun Life Grepa PH Mobile App** at Google App/Play Store or Scan the QR code ->
1. Visit sunlifegrepa.com and click on the **Get Started** button under MySunLifeGrepa Client Portal. 2. Click **Settings** and select edit **Contract Details/Mailing Address.** 3. Update relevant details then click **Save**.	1. Login to your **Sun Life Grepa PH Mobile App**. 2. Click on **Service Request** and click **Personal Details/Update Mailing Address.** 3. Click **Edit** button on your Mobile, International, Home, Business No., or Email Address and/or on your Permanent, Present, or Business Address. 4. Update then click **Save**.

5 Notarization

Before me, a Notary Public for and in the City of _____, this _____ day of _____ 20____, _____ personally appeared before me and exhibited to me his/her (valid ID) _____ issued on _____ at _____, known to me and to me known to be the same person who executed the foregoing document that is duly signed by him/her and acknowledged to me that the same is his/her free and voluntary act and deed, consisting of _____ (__) pages including this page on which this Acknowledgment is written.

Doc No.: _____
Page No.: _____
Book No.: _____
Series of _____

Pick Up Stub for ☐ Centenarrian Bonus ☐ Dividends ☐ Endowment Benefit ☐ Special Paid-up Bonus

Sun Life GREPA Financial

Please present this stub together with:

a. One (1) Original Valid ID of Policy Owner/Endowment Beneficiary
b. One (1) Original Valid ID of Policy Owner/Endowment Beneficiary and Representative if Policy Owner/Endowment Beneficiary is unable to pick-up the check personally.
c. Authorization Letter if Policy Owner/Endowment Beneficiary is unable to pick-up the check personally (Please indicate the Policy Number)

Policy Number _____

Recipient's Name _____

The check will be ready for pick up on:

Date	Place	Time