

# Application for an Advance (Loan)



For Company Use Only	
Pick up Date :	_____
Pick up Time :	_____
Received By/Date :	_____
Processed By/Date:	_____
Remarks :	_____

In this application, "you" and "your" refer to person(s) whose information we are processing or disclosing. We, us, our and the Company refer to Sun Life of Canada (Philippines), Inc., a member of the Sun Life Financial group of companies.

You hereby request the Company for an advance in accordance with the Advances Provision of the Policy. If you are an assignee, please ensure that all assignments/documents affecting the title of the Policy has been submitted to the Company.

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

Policy Owner (Last Name, First Name, M.I.)	
Life to be Insured (Last Name, First Name, M.I.) <i>if different from Policy Owner</i>	Policy Number

## 1 General Information

1.1 Information about the  Policy Owner  Individual Assignee

Name (Last Name, First Name, M.I.)			
Citizenship		Country/ies of Legal Residence other than the Phils.	
Mailing Address <input type="checkbox"/> Present <input type="checkbox"/> Permanent <input type="checkbox"/> Others, specify _____			
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)			
Home Phone (Country Code, Area, Tel. No.)	Work Phone (Country Code, Area, Tel. No.)	Mobile Phone (Area, Tel. No.)	Email Address

1.2 Information about the Institutional Assignee (e.g. bank, company)

Company/Business Name	
Authorized Signatory/ies (Last Name, First Name, M.I.)	Designation
1. _____	_____
2. _____	_____
Business Address Building, Street, Municipality/City, Province, Country, Zip Code (P.O. Box is not acceptable)	
Business Phone (country code, area code & tel. no.)	Email Address

## 2 Request Details

You understand that you have the option to borrow against any dividend accumulation credited to the policy, withdraw any dividend accumulation, or to leave the dividend accumulation. In this connection, please tick option elected in the box provided.

- Option 1  Include any dividend accumulation in the calculation of the advance.
- Option 2  Withdraw any dividend accumulation. **You understand that if you withdraw any dividend accumulation, you may lose certain options available under the policy.** Please complete Dividend Authorization form if Option 2 is requested.
- Option 3  Leave the dividend accumulation.

The amount of the advance requested is:

Currency <input type="checkbox"/> US\$ <input type="checkbox"/> PHP	Amount in words and figures ( )	Effective Date
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Special Instruction:
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### 3 Acknowledgment and Agreement

This section must be signed by the policy owner, assignee and all of the nominated irrevocable beneficiaries and witnessed by an Advisor or Staff of Sun Life of Canada(Philippines), Inc. 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 by the nearest Philippine Consul in your locality. If the policy owner or irrevocable beneficiary is a minor (less than 18 years of age) 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 beneficiaries has passed away, additional documents may be required.

#### Changes to Material Facts or Personal Information

In compliance with local and foreign regulatory requirements, you agree to inform us within thirty (30) calendar days of the change in your circumstances, which makes any information on a document incorrect, and provide a new or updated identification document. Those clients with U.S. address, contact information or certain indicia of U.S. Person will be required to submit a government-issued identification document and complete a Form W-9, W-8BEN or W-8BEN-E, which will be sent to you via mail/email.

With regard to the above, you agree that when we are required by law, regulation or otherwise to provide all information on your local and/or foreign tax status and your account(s), we may disclose such information to competent authority or its delegate involved in processing, collecting, transferring or disclosing the relevant information. Where a separate waiver is required to provide the required information to competent authority or its delegate, you undertake to provide a waiver in a format acceptable to us.

#### Data Privacy

By signing below, you allow us to process and disclose your personal data to third parties so that we can better help you meet your lifetime needs.

If you need more information about our privacy policy, please visit <https://apps.sunlife.com.ph/privacy>.

Signature of Policy Owner X	Printed Name	
I.D. Presented	I.D. Number	I.D. Expiry Date
Signature of Witness X	Printed Name	
Address of Witness (no., street, municipality/city, province, country, zip code)		
Place of Signing	Date of Signing	
Signature of Assignee X	Printed Name	
I.D. Presented	I.D. Number	I.D. Expiry Date
Signature of Assignee X	Printed Name	
I.D. Presented	I.D. Number	I.D. Expiry Date
Signature of Witness X	Printed Name	
Address of Witness (no., street, municipality/city, province, country, zip code)		
Place of Signing	Date of Signing	
Signature of Irrevocable Beneficiary, if any X	Printed Name	
I.D. Presented	I.D. Number	I.D. Expiry Date
Signature of Irrevocable Beneficiary, if any X	Printed Name	
I.D. Presented	I.D. Number	I.D. Expiry Date
Signature of Witness X	Printed Name	
Address of Witness (no., street, municipality/city, province, country, zip code)		
Place of Signing	Date of Signing	

### 4 New Signature Specimen

This section must be completed by the Policy Owner/Assignee if there is a change in signature.

Please provide 2 specimens of your new signature on the space provided.

(New) Signature X	(New) Signature X
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**4 New Signature Specimen (continuation)**

Signature of Witness X	Printed Name
Address of Witness (no., street, municipality/city, province, country, zip code)	
Place of Signing	Date of Signing

*By affixing the above specimen signature, you hereby authorize the Company to honor and effect transactions on the basis hereof.*

**5 Acknowledgment**

This section must be signed by the recipient of the Policy Contract or Memorandum. Please indicate if you are the Policy Owner, Life Insured, Assignee, Representative of the Advisor after your signature.

Policy Contract  Policy Memorandum

Signature of Policy Owner/Life Insured/Assignee/Representative	Printed Name	Date of Signing
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**6 Special Instruction**

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

- Check (Deposit to account only)
- BPI Remittance
  - Credit to BPI Bank Account
  - Pick-up at any BPI Bank Branch

Bank Name	Branch	Address
Account Name	Account Number	Customer's Mobile Number

- RCBC Demand Draft (for US\$ policy)

Branch Address for Encashment
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- Philippine Domestic Dollar Transfer System (PDDTS)/ Telegraphic Transfer (International wire transfer)

Bank Name	Branch	Address	
Account Name	Account Number	Routing No./ Swift Code	Currency

*You agree to shoulder any bank fees and charges arising from the foregoing deposit to your account. Sun Life of Canada (Philippines), Inc. will not be liable if the remittance is credited to an erroneous bank account number. You further agree that Sun Life of Canada (Philippines), Inc. shall not be responsible nor liable whatsoever for any failure, fault or negligence on the part of the bank to deposit the proceeds to your account.*

Signature of Policy Owner/Assignee X	Printed Name	Date of Signing
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**7 Notarization**

This is to be completed by a Notary Public if the form is not witnessed by a Sun Life of Canada (Philippines), Inc. advisor or staff.

SUBSCRIBE AND SWORN to before me this \_\_\_\_\_ day at \_\_\_\_\_ Philippines, affiant having exhibited to me his/her (valid ID) \_\_\_\_\_ issued on \_\_\_\_\_ at \_\_\_\_\_

Doc No.: \_\_\_\_\_  
 Page No.: \_\_\_\_\_  
 Book No.: \_\_\_\_\_  
 Series of \_\_\_\_\_

AFAA.05.16

**Pick Up Stub for Application for An Advance**



Please present this stub together with:

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

Policy Number

Policy Owner

The check will be ready for pick up on:

Date	at	Place	Time
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