Remittance Instruction

Sun Life Financial

Please PRINT clearly.

In this form, *you* and *your* refer to the policy owner, planholder, claimant or any person designated as payee while *we, us, our* and *the Company* refer to Sun Life of Canada (Phils), Inc. or Sun Life Financial Plans, Inc. Both are members of the Sun Life Financial group of companies.

1 Remittance Option

Please check appropriate box.

You hereby request the Company to send or transmit to the recipient named below the remittance via

- ☐ Door-to-Door delivery - Cash
- ☐ Door-to-Door delivery - Check
- ☐ Credit to BPI/BPI Family Bank account
- ☐ Pick-up at any BPI/BPI Family Bank Branch

Important Reminders:

- ***Please note that the Bank will charge the following fees for remittance service. The remittance that will be claimed/ received is net of bank charge.***

Door-to-Door delivery - Metro Manila	*Ps. 150.00**	*Credit to BPI Peso Account*	*Ps. 100.00**
Door-to-Door delivery - Provincial	*Ps. 200.00**	*Pick up at any BPI/BPI Family Bank Branch*	*Ps. 100.00**

**These rates are provided by BPI and are subject to change without prior notice.*

- ***Please present 2 valid IDs when claiming/receiving remittance. Valid IDs include:***
  - *a. Laminated Driver's License (LTO OR is not acceptable)*
  - *b. Philippine Passport/Visa/Equivalent Host country IDs*
  - *c. For Foreigner, Passport issued by the country of citizenship*
  - *d. Professional Regulatory Commission ID*
  - *e. Credit Cards with picture*
  - *f. Employment or Company ID/ Equivalent Host country IDs*
  - *g. School ID with Registration Form*
  - *h. Firearms License (Permit to Carry Firearms)*
  - *i. Laminated SSS or GSIS ID (Old SSS or Pag-ibig IDs are not acceptable) /Equivalent Host country IDs*
  - *j. Alien Certificate of Registration (ACR), if foreigner*
  - *k. Overseas Workers Welfare Administration (OWWA) Card*

2 Remittance Details

The recipient could either be the policy owner, planholder, life insured, claimant, or any person designated as payee.

2.A. Recipient Information

Name of Recipient (First Name, Middle Name, Last Name)			☐ Male ☐ Female
Policy No./Plan No./Reference No.	Gross Remittance Amount	Cellphone No.	Residence Telephone No.

Complete 2.B. if remittance is via Door-to-Door - Cash or Door-to-Door - Check

2.B. Delivery Information

Address (No., Street, Municipality, City/Province, Zip Code)
Landmark (familiar marker or building near the address above)

Complete 2.C. if remittance is via Credit to BPI/BPI Family Bank account or for pick-up at any BPI/BPI Family Bank branch.

2.C. Bank Account Information

Bank Name ☐ BPI ☐ BPI Family Bank	Bank Branch Name
Bank Account Number	Customer Type ☐ Individual ☐ Corporation

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.

3 Signatures

This section must be signed by you, the irrevocable beneficiaries, if any, and witnessed by the Company's Agent or Sales Consultant, or Staff. If this form cannot be witnessed by an authorized representative of the Company, please have this form notarized by a Notary Public.

By signing below, you hereby agree to the above transaction and declare to the best of your knowledge and belief that the above information are accurate and true. You hereby acknowledge that all documentary stamp and value-added, withholding or other taxes or fees (other than income taxes) due on the proceeds shall be for the account of the Recipient. You understand that if BPI does not forward the remittance, or does not give instructions committing an equivalent amount of remittance, to the person designated as recipient, or if your instructions as to how the remittance is to be delivered are not complied with, then you agree to immediately inform the Company of such fact in writing through the Company department or customer center where your disbursement was requested or issue. You further agree to execute other notices or documents necessary to give effect to a proper remittance of the proceeds. Transaction fees still apply despite failure of delivery, if such failure is not due to the fault of BPI.

Signature of Policy Owner/Planholder/Payee as the case may be X		Printed Name
Place of Signing		Date of Signing
Signature of Witness X	Printed Name	Date of Signing
Address of Witness		

A legal guardian should sign in behalf of the minor (less than 18 years of age) irrevocable beneficiary. Additional documents may be required from the said guardian.

Signature of Irrevocable Beneficiary, if any X	Printed Name	Date of Signing
Signature of Irrevocable Beneficiary, if any X	Printed Name	Date of Signing
Signature of Irrevocable Beneficiary, if any X	Printed Name	Date of Signing
Signature of Witness to Irrevocable Beneficiary/ies, if any X	Printed Name	Date of Signing
Address of Witness		

For Company Use Only

Remarks: