# Application for an Advance (Loan)



For Company Use Only	
Pick up Date :	
Pick up Time :	
Pick up Location :	
Received Date :	

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 group of companies.

You hereby request the Company for an advance in accordance with the Advances Provision of the Policy. The Policy and all assignments or other documents affecting the title of the Policy, if not already in the possession of the Company, should accompany this application for an advance.

## 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

Policy Owner (Last Name, First Name, M.I.)			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)						
Do you want us to update the mailing address on your existing Life Insurance Policies? (Considered NO if unanswered)						
☐ Yes (All policies) ☐ Yes (Only the policy specified in this form) ☐ No						
If Yes, pls mark the box with an X to indicate your choice: Present Residence Address Permanent Residence Address Work Address						
Home Phone (Country Code, Area Code ,Tel. No)	Work Phone (Country Code, Area Code ,Tel. No)	Mobile (Country Cod	Phone e, Mobile No.)	Email Address		
Note : Your contact information will be updated based on above						
Life Insured (Last Name, First Name, M.I.) if different from Policy Owner						

#### 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 elected.
Option 3	Leave the dividend accumulation.

The amount of the advance requested is:

Currency	Amount in words and figures		
US\$ PHP		(	)

Special Instruction:

#### 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 or notarized 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. This applies to both death and endowment irrevocable beneficiaries.

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.
- d. 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://online.sunlife.com.ph/privacy 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.
- e. 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.

f. If release of proceeds is through Telegraphic Transfer - Credit to Account and/or Currency Conversion 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		Printed Name			
X					
(New) Signature Specimen X		(New) Signature Specimen X			
Signature of Witness		Printed Name			
x					
Address of Witness (no.,street,municipality,city/province,country,zip code) (If witness is a Sun Life Advisor, write the NBO and advisor's code, if Sun Life employee, write the Client Service Center)					
Place of Signing		Date of Signing			
		Month - Day - Year			
Signature of Assignee	Printed Name		Date of Signing		
x		Month - Day - Year			
Signature of Irrevocable Beneficiary, if any	Printed Name		Date of Signing		
x		Month - Day - Ye			
Signature of Irrevocable Beneficiary, if any	Printed Name		Date of Signing		
x			Month - Day - Year		
Signature of Witness		Printed Name			
X					
Address of Witness (no.,street,municipality,city/province,country,zip code) (If witness is a Sun Life Advisor, write the NBO and advisor's code, if Sun Life employee, write the Client Service Center)					
Place of Signing		Date of Signing			
		Month - Day - Year			

### For Company Use Only

Effective Date

4 Special Instruction				
Indicate how you would want to receive the proceeds. Choose from the	following options:			
Note : Use BPI Remittance Instruction Form for Pick Up at Any BPI Brar	nch or Door-to-Door D	elivery		
Check (Deposit to account only)				
RCBC Demand Draft (for US\$ policy)				
Branch Address for Encashment				
Telegraphic Transfer - Credit to Account and/or Currency Conversi	on			
Mark "A" if request is for deposit to local bank. Mark "B" if request		ersion and t	o deposit thro	ough cross border (overseas)
transfer for clients living overseas.				
A be credited to your bank account				
B be converted to ( please mark your preferred currency)				
US Dollar Canadian Dollar *Other	s, please specify			
Please provide the following information below:				
Account Name				
Account Number				
Name of Bank				
Address of Bank				
Routing or Serial Number (applicable for letter B only)	Swift Code Nu	umber (app	licable for lett	er B only)
<ul> <li>Notes:</li> <li>1. Please ensure that you provide the correct account information erroneous bank account number.</li> <li>2. Submit any of the following proofs of bank account: <ul> <li>Bank Statement of Account</li> <li>First Page of t</li> <li>Certificate of Bank Denosit</li> </ul> </li> </ul>	he Passbook	_		nce is credited to an
	·			
The bank account number and the account name must appear Please mask account details and names of other account holde validate submission.				
5 Notarization				
Before me, a Notary Public for and in the City of			, t	his day of
20,	personally appe			ibited to me his/her (valid ID) the same person who executed
<pre>he foregoing document that is duly signed by him/her and acknowledge () pages including this page on which this Acknowledgment is Doc No.: Page No.:</pre>	d to me that the same			
Book No.:				
Series of				
AFAA.06.23				Page 3 of 3
Pick Up Stub for Application for An Advance Please present this stub together with: a) One (1) Original Valid ID of Policy Owner	Policy Number		(	🖉 Sun Life
<ul> <li>b) One (1) Original Valid ID of Policy Owner and Representative if Policy Owner is unable to pick-up</li> </ul>	Policy Owner			
the check personally. The check will be ready for pick up on:				
<ul> <li>Authorization Letter if Policy Owner is unable to pick-up the check personally (Please indicate the Policy Number)</li> </ul>	Date	at	Place	Time