

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



For Company Use Only

Pick up Date : _____
Pick up Time : _____
Pick up Location : _____
Received Date : _____

In this form, "you" and "your" mean persons whose information we are processing or disclosing. *We, us, our* and *the Company* refer to Sun Life of Canada (Phils.), Inc. (SLOCPI) and/or Sun Life Financial Plans, Inc. (SLFPI), both are members of the Sun Life 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 ☐ Plan Holder (Dividend only) ☐ Endowment Beneficiary

Name (Last Name, First Name, M.I.)		Policy Number / Plan 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))			
For Policy Owner /Plan Holder : Do you want us to update the mailing address on your existing Life Insurance Policies and Pre-need Plans? (Considered NO if unanswered) <input type="checkbox"/> Yes (All policies/plans) <input type="checkbox"/> Yes (Only the policy/plan specified in this form) <input type="checkbox"/> No If Yes, pls mark the box with an X to indicate your choice: <input type="checkbox"/> Present Residence Address <input type="checkbox"/> Permanent Residence Address <input type="checkbox"/> Work Address			
Home Phone (Country Code, Area Code ,Tel. No)	Work Phone (Country Code, Area Code ,Tel. No)	Mobile Phone (Country Code, Mobile No.)	Email Address
Note : Your contact information will be updated based on above			

2 Request Details

2.1 Dividends

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

*This option is applicable only for participating life insurance policies issued by Sun Life of Canada (Phils.), Inc.

A. Withdraw the amount of

Currency <input type="checkbox"/> US\$ <input type="checkbox"/> 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	



2 Request Details (continuation)

Withdrawal of dividends (A) and application of the amount withdrawn (B) are applicable to participating policies issued by Sun Life of Canada (Phils.), Inc., with current dividend options in effect as Paid-up Additions and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

For participating plans issued by Sun Life Financial Plans, Inc. (A) and (B) are applicable only on plans where the current dividend option in effect is Dividend Accumulation.

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	<input type="checkbox"/> US\$	<input type="checkbox"/> 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	

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 Acceler8, SUN Fit and Well, SUN Cancer Care and other products with this feature.)

A. Withdraw the amount of

Currency	<input type="checkbox"/> US\$	<input type="checkbox"/> 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	

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.)

<input type="checkbox"/> as Addition to Policy*	<input type="checkbox"/> Applied to Installment/Premiums	<input type="checkbox"/> Paid in Cash	<input type="checkbox"/> Dividend Accumulation**
-------------------------------------------------	----------------------------------------------------------	---------------------------------------	--------------------------------------------------

*This is applicable only for participating life insurance policies issued by Sun Life of Canada, (Phils.) Inc. 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.)

<input type="checkbox"/> Receive the Amount in Check	<input type="checkbox"/> 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.)

<input type="checkbox"/> Paid in Cash	<input type="checkbox"/> Special Paid-Up Bonus Accumulation
---------------------------------------	-------------------------------------------------------------

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 dividend and special paid-up bonus option, and all elected endowment beneficiaries for withdrawal of endowment benefit. If request is for a change in 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 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.

3 Acknowledgment and Agreement (continuation)

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/Endowment Beneficiary /Plan Holder X	Printed Name
(New) Signature Specimen X	(New) Signature Specimen X
Signature of Witness X	Printed Name
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 Irrevocable Endowment Beneficiary (for change in Endowment Pay-out Option) X	Printed Name
Signature of Irrevocable Endowment Beneficiary (for change in Endowment Pay-out Option) X	Printed Name
Signature of Witness X	Printed Name
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

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 Branch or Door-to-Door Delivery

☐ Check (Deposit to account only)

☐ RCBC Demand Draft (for US\$ policy)

Branch Address for Encashment

☐ Telegraphic Transfer - Credit to Account and/or Currency Conversion

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 bank account

B ☐ be converted to (please mark your preferred currency)

☐ US Dollar

☐ Canadian Dollar

☐ *Others, 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 Number (applicable for letter B only)

*** Subject to availability of the currency in the bank**

Notes:

1. 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:

☐ Bank Statement of Account

☐ First Page of the Passbook

☐ ATM card (with account name and number)

☐ Certificate of Bank Deposit

☐ Check (with account name)

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 submission.

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 _____

DESP.2.23

Page 4 of 4

Pick Up Stub for

☐ Dividends

☐ Endowment Benefit

☐ Special Paid-up Bonus

Please present this stub together with:

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

Policy Number

Policy Owner/ Endowment Beneficiary/ Plan Holder

The check will be ready for pick up on:

Date	at	Place	Time
------	----	-------	------

