

Remittance Instruction



Please PRINT clearly.

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

1 Remittance Option

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

- Door-to-Door delivery - Cash Pick-up at any BPI Branch
 Door-to-Door delivery - Check

Please check appropriate box.

Important Reminders:

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

Door-to-Door delivery - Metro Manila Ps. 150.00* Pick up at any BPI Bank Branch Ps. 90.00*
Door-to-Door delivery - Provincial Ps. 200.00*

* 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 Drivers 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

2.A. Recipient Information

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

Name of Recipient (First Name, Middle Name, Last Name)			<input type="checkbox"/> Male <input type="checkbox"/> 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)

3 Signatures

This section must be signed by you, and witnessed by the Company's Advisor 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 client service center where your disbursement was requested or issued. 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.

You agree that the Company shall process your personal data to evaluate, process, and implement the transaction or request that you have initiated. The Company may disclose your personal data to its affiliates, service providers, and other third parties for processing consistent with the foregoing purpose, and to comply with legal obligations, as well as laws and regulations (domestic or foreign).

Your rights include the right to be informed, access your data, and rectify errors in your data. For more information about your rights and how we protect your data, you may access our privacy policy at <https://online.sunlife.com.ph/privacy>. 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@sunlife.com.



3 Signatures (continuation)

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

For Company Use only

Remarks:

4 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 Acknowledgement is written.

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