



### 3 Acknowledgement and Agreement (continuation)

g. 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.


#### IMPORTANT

**Your Variable Life product is an insurance plan with Investment Component. Frequent fund withdrawals and subsequent reinvestment of this amount will incur new premium charges. As such, the policy may not match the financial objective you have set forth at the time of application.**

Signature of Policy Owner X	Printed Name
(New) Signature Specimen X	(New) Signature Specimen X
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 Client Service Center)	
Place of Signing	Date of Signing Month - Day - Year

Signature of Assignee X	Printed Name	Date of Signing Month - Day - Year
Signature of Irrevocable Beneficiary, if any X	Printed Name	Date of Signing Month - Day - Year
Signature of Irrevocable Beneficiary, if any X	Printed Name	Date of Signing Month - Day - Year
Signature of Witness X	Printed Name	Date of Signing Month - Day - Year
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	

**Let us serve you better!** Updating made easier. You may now update your contact information via the Client Portal or Mobile App.

Option 1: Via <b>Client Portal (www.sunlife.com.ph)</b>	Option 2: Via <b>Mobile App</b>
	Download the <b>Sun Life PH App</b> at App/Play Store or Scan the QR code ->
	
1. Visit sunlife.com.ph and click on the <b>Sign In</b> button. 2. Click <b>Settings</b> and select edit <b>Contract Details/Mailing Address</b> 3. Update relevant details then click <b>Save</b> .	1. Login to your <b>Sun Life PH Mobile App</b> 2. Click on <b>Service Request</b> and click <b>Personal Details/Update Mailing Address</b> 3. Click <b>Edit</b> button on your Mobile, International, Home, Business No., or Email Address and/or on your Permanent, Present, or Business Address 4. Update then click <b>Save</b> .

### 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 Acknowledgment is written.

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

**5 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

\*Others, please specify \_\_\_\_\_

Please provide the following information below:

<b>Account Name</b>	
<b>Account Number</b>	
<b>Name of Bank</b>	
<b>Address of Bank</b>	
<b>Routing or Serial Number (applicable for letter B only)</b>	<b>Swift Code Number (applicable for letter B only)</b>

**\* 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.

**Pick Up Stub for VUL- Request for Fund Withdrawal**



Please present this stub together with:

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