Variable Life Insurance - Request for Fund Withdrawal

Sun Life

Client copy:

☐ Photo Taken ☐ Photocopy
☐ Opted Out
Signature: _____
Received Date : _____

In this form, ***you*** *and* ***your*** refer to persons 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.

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, Middle Name, Suffix)	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)	

Home Phone (Country Code, Area Code,Tel. No)	Work Phone (Country Code, Area Code,Tel. No)	Mobile Phone (Country Code, Mobile No.)	Email Address

Life Insured (Last Name, First Name, Middle Name, Suffix) if different from Policy Owner

2 Request Details

You hereby request for a withdrawal from the Fund Value, in accordance with the Fund Withdrawal provision of your policy, as specified below:

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

Reason for Fund Withdrawal

Special Instructions (Optional, specify for which Fund and the corresponding amount)

3 Acknowledgement 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 the Company. 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.

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. Your rights include the right to be informed, access your data, rectify errors, object to processing, and file a complaint. For more information about your rights and how we protect your data, you may access our privacy policy at https://www.sunlife.com/sl/pslf-philippines/en/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 Acknowledgement and Agreement (continued)

e. 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://www.sunlife.com/sl/pslf-philippines/en/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.

f. Your personal data shall be retained for the duration of your coverage under your plan or existence of your account(s) and/or upon the later of the expiration of the retention limit set by Company standards, laws and regulations, counted from account closure. You certify that you understand and agree with the declarations and authorizations above and the Company's privacy policy at https://www.sunlife.com/sl/pslf-philippines/en/privacy/.

g. 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.

h. 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 **X**	Printed Name
Address of Witness (No., Street, Municipality/City, Province, Country, Zip Code (P.O. Box is not acceptable) ***If witness is a Sun Life Advisor, provide only your NBO and advisor's code. If witness is a Sun Life employee, write the Client Service Center.***	
Place of Signing	Date of Signing (i.e. 01-FEB-2026) DAY MONTH YEAR

Signature of Assignee **X**	Printed Name	Date of Signing (i.e. 01-FEB-2026) DAY MONTH YEAR
Signature of Irrevocable Beneficiary, if any **X**	Printed Name	Date of Signing (i.e. 01-FEB-2026) DAY MONTH YEAR
Signature of Irrevocable Beneficiary, if any **X**	Printed Name	Date of Signing (i.e. 01-FEB-2026) DAY MONTH YEAR

Signature of Witness **X**	Printed Name
Address of Witness (No., Street, Municipality/City, Province, Country, Zip Code (P.O. Box is not acceptable) ***If witness is a Sun Life Advisor, provide only your NBO and advisor's code. If witness is a Sun Life employee, write the Client Service Center.***	
Place of Signing	Date of Signing (i.e. 01-FEB-2026) DAY MONTH 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 **Client Portal (www.sunlife.com.ph)**	Option 2: Via **Mobile App** Download the **My Sun Life PH** Mobile App at Google App/Play Store or Scan the QR code ->
1. Visit sunlife.com.ph and click on the **Sign In** button. 2. Click **Settings** and select edit **Contract Details/Mailing Address** 3. Update relevant details then click **Save**.	1. Login to your **My Sun Life PH** Mobile App 2. Click on **Service Request** and click **Personal Details/Update Mailing Address** 3. Click **Edit** button on your Mobile, International, Home, Business No., or Email Address and/or on your Permanent, Present, or Business Address 4. Update then click **Save**.

4 Disbursement Instruction

Indicate how you would want to receive the proceeds. Choose from the following options:

Note : Use BPI Remittance Intruction Form for Pick Up at any BPI Branch or Door-to-Door Delivery

☐ Check (Deposit to account only) for pick up at _____ Client Service Center

☐ Apply to Policy No. _____

☐ RCBC Demand Draft (for US$ policy) - Branch Address for Encashment _____

☐ Credit to Account or Telegraphic Transfer

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 local bank account

B ☐ be converted to (please mark your preferred currency) ☐ US Dollar ☐ Canadian Dollar ☐ *Others, please specify _____ and credited to your bank account through cross border (overseas) transfer

with the following information:

Account Name	Account Number
Name of the Bank	Address of the Bank
Applicable for letter "B" only	
Routing or Serial Number	Swift Code Number
Only if applicable	
Sort Code (for GBP currency) _____ Client's overseas contact number _____ International Bank Account Number _____ Institution number _____ Transit number _____ Client's overseas complete address _____	

Notes:

1. *Subject to availability of the currency in the bank. 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 (**should have Bank Name, Account Name and Account Number**):

Bank Statement of Account	Bank Passbook	ATM Card	Check	Certificate of Bank Deposit	Machine Validated Slip: 1) Deposit or 2) Withdrawal

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 submissions.

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 _____

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	Place	Time