

Variable Life Insurance - Request for Fund Withdrawal



For Company Use Only

Pick up Date : _____

Pick up Time : _____

Received Date : _____

In this form, *you* and *your* refer to the policy owner while *we*, *us*, *our* and *the Company* refer to Sun Life of Canada (Phils.), Inc., a member of the Sun Life Financial group of companies.

Please PRINT clearly. Use BLACK ink.

1 General Information

Policy Owner (Last Name, First Name, M.I.)	Policy Number	Sun ID
Citizenship	Country/ies of Legal Residence other than the Philippines	
ID presented	ID Number	ID Expiry Date
Permanent Residence Address (Number, Street, Municipality/City, Province, Country, Zip Code) P.O. Box is not acceptable		
Present Residence Address (Number, Street, Municipality/City, Province, Country, Zip Code) P.O. Box is not acceptable		
Home Phone (Country Code, Area, Tel. No.)	Work Phone (Country Code, Area, Tel. No.)	Email Address
Life Insured (Last Name, First Name, M.I.) 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 <input type="checkbox"/> US \$ <input type="checkbox"/> Php	Amount in words and figures ()
---	--

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

--

3 Acknowledgment and Agreement

Changes to Material Facts or Personal Information

By affixing your signature below, you acknowledge and agree that you shall notify the Company in writing and provide the required details or documents within thirty (30) days for any changes in your personal/material information which results in the Company being subject to tax reporting and withholding requirements under local and/or foreign laws applicable to you or your property. There is a change in your personal/material information if there is a change in your contact number(s), place of residence, citizenship, or other circumstance as defined under applicable laws.

Data Privacy

By signing below, you (policy owner/beneficiary) expressly authorize the collection, processing, use, storage and destruction of your (policy owner/beneficiary) personal and sensitive personal information and any information concerning the subject insurance policy/pre-need plan as well as its sharing, transfer and/or disclosure to any of the Company's branches, subsidiaries, affiliates, advisor and representatives, industry associations and third parties such as but not limited to outsourced service providers, external auditors, and local and foreign regulatory authorities in relation to any matter including but not limited to those involving anti-money laundering and tax monitoring, review and reporting, statistical and risk analysis, provision of any products, service, or offers made through mail/email/fax/SMS/telephone, customer satisfaction surveys; compliance with court and other lawful orders and requirements. You shall hold the Company free and harmless from any liability that may arise from any transfer, disclosure, processing, collection, use, storage or destruction of said information.



3 Acknowledgment and Agreement (continuation)

By signing below, you understand that if you have more than one Investment Fund and you do not indicate the Investment Funds from which the amount is to be withdrawn, the same will proportionately be taken from each Investment Fund. Please refer to your policy provisions for further details.

This section must be signed by you, by the assignee and all of your irrevocable beneficiaries, if any, and witnessed by an Advisor or Staff of Sun Life of Canada (Phils.), 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 by the nearest Philippine Consul in your locality.

If any of the irrevocable beneficiaries is a minor (less than 18 years of age) or has passed away, additional documents may be required from the said guardian. A legal guardian should sign on behalf of the minor irrevocable beneficiary. This applies to both death and endowment irrevocable beneficiaries.

IMPORTANT

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

Signature of Policy Owner X	Printed Name	Date of Signing (day/month/year)
Signature of Witness X	Printed Name	
Address of Witness (no., street, municipality, city/province, country, zip code)		
Place of Signing	Date of Signing (day/month/year)	

Signature of Assignee X	Printed Name	Date of Signing (day/month/year)
ID presented	ID Number	ID Expiry Date

Signature of Irrevocable Beneficiary, if any X	Printed Name	Date of Signing (day/month/year)
---	--------------	----------------------------------

ID presented	ID Number	ID Expiry Date
--------------	-----------	----------------

Signature of Irrevocable Beneficiary, if any X	Printed Name	Date of Signing (day/month/year)
---	--------------	----------------------------------

ID presented	ID Number	ID Expiry Date
--------------	-----------	----------------

Signature of Irrevocable Beneficiary, if any X	Printed Name	Date of Signing (day/month/year)
---	--------------	----------------------------------

ID presented	ID Number	ID Expiry Date
--------------	-----------	----------------

Signature of Witness X	Printed Name	
---------------------------	--------------	--

Address of Witness (no., street, municipality, city/province, country, zip code)		
--	--	--

Place of Signing	Date of Signing (day/month/year)	
------------------	----------------------------------	--

4 New Signature Specimen

This section must be completed if there is a change in signature.

As proof, you are hereby presenting original of the ID on which your new signature appears. Please attach photocopy of ID presented.

Type of ID	ID Number	Issuer	Expiry Date

Please provide 2 specimens of your new signature on the space provided.

(New) Signature X	(New) Signature X
----------------------	----------------------

I have examined the original ID provided above. I have compared the attached photocopy with original documents and hereby certify this to be true and correct copy of the original ID.

Signature of Witness X	Printed Name of Witness
Address of Witness (Number, Street, Municipality/City, Province, Country, Zip Code)	
Place of Signing	Date of Signing (day/month/year)

5 Notarization

This is to be completed by a Notary Public if the form is not witnessed by a Sun Life of Canada (Phils.), Inc.'s advisor or staff.

SUBSCRIBE AND SWORN to before me this _____ day at _____ Philippines,
affiant having exhibited to me his/her (valid ID) _____ issued on _____
at _____

Doc No.: _____

Page No.: _____

Book No.: _____

Series of _____

6 Special Instruction

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

- Check (Deposit to account only)
- BPI Remittance - BPI and BPI-Family Bank
- RCBC Demand Draft (for US\$ policy)
RCBC Branch (for encashment) _____
- Philippine Domestic Dollar Transfer System (PDDTS) - domestic wire transfer for US\$ policy.
Bank Name: _____
Bank Branch: _____
Bank Address: _____
Account Name: _____
Account No.: _____
Routing No./Swift Code: _____

- Telegraphic Transfer (international wire transfer)
Bank Name: _____
Bank Branch: _____
Bank Address: _____
Account Name: _____
Account No.: _____
Routing No./Swift Code: _____

You also agree to shoulder any bank fees and charges arising from the foregoing deposit to your account. Sun Life of Canada (Phils.), Inc. will not be liable if the remittance is credited to an erroneous bank account number. You further agree that Sun Life of Canada (Phils.), Inc. shall not be responsible nor liable whatsoever for any failure, fault or negligence on the part of the bank to deposit the proceeds to your account.

7 Acknowledgment Receipt

This section must be signed by the recipient of the check. Indicate if you are the Life Insured, Representative or Advisor by checking the box.

Check Number	Check Date (day/month/year)	Issuing Bank
Payee (Last Name, First Name, M.I.)		Date Received (day/month/year)
Signature of Life Insured/Representative/Advisor	Printed Name	<input type="checkbox"/> Life Insured <input type="checkbox"/> Advisor <input type="checkbox"/> Representative

VRFW.04.14

Page 4 of 4

Pick Up Stub for VUL -Request for Fund Withdrawal

Please present this stub together with:

- One (1) Original Valid ID of Policy Owner
- One (1) Original Valid ID of Policy Owner and Representative if Policy Owner is unable to pick-up the check personally.
- 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 (day/month/year)	at	Place	Time
-----------------------	----	-------	------

