

Request Form - Currency Conversion and/or Bank Deposit



In this form, "you" and "your" refer to the policyowner, life insured, claimant or any person designated as payee whose information we are processing or disclosing. We, us, our and the Company refer to Sun Life of Canada (Philippines), Inc., member of the Sun Life Financial group of companies.

PRINT clearly. Use BLACK ink. Indicate N/A if question is not applicable.

1 General Information

The "Recipient" could either be the policyowner, insured, claimant or any person designated as payee.

Name of Recipient (Last Name, First Name, M. I.)	
Policy Number(s)	Amount:

2 Details of Request

You hereby request that the amount stated above which represents your benefit/share on the insurance proceeds under the said policy/ies. Mark "A" if request is for deposit to local bank. Mark "B" if request is for 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 _____

and credited to your bank account through cross border (overseas) transfer with the following information:

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

Note: 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.

3 Signatures

By signing below, you allow us to process and disclose your personal and sensitive personal information to third parties so that we can better help you meet your lifetime needs.

You also agree to shoulder any bank fees and charges arising from the foregoing deposit to your account. You further agree that the Company shall not be responsible or liable whatsoever for any failure, fault or negligence on the part of the bank to pay the proceeds to you.

If you need more information about our privacy policy, please visit <https://apps.sunlife.com.ph/privacy>.

Signature over Printed Name of Recipient X	Date of Signing (month/day/year)
Address	Contact Number(s)

