

Simplified Reinstatement Offer



In this form, *you* and *your* refer to the life insured, policy owner and the plan holder while *we*, *us*, *our* and *the Company* refer to Sun Life of Canada (Philippines), Inc., and/or Sun Life Financial Plans, Inc., both are members of the Sun Life Financial group of companies.

The grace period allowed for payment of the premium/installment has expired. If payment has not been made, your policy/plan lapsed and all benefits pertaining to it ceased. You may, however, take advantage of this simplified reinstatement offer and again be able to experience the security offered by your valuable policy/plan.

To apply for this reinstatement, simply complete and sign this application for reinstatement and return the form to us with your payment no later than 90 days after the due date.

Please PRINT clearly. Use BLACK ink.

1 General Information

Policy Owner/Plan Holder (Last Name, First Name, M.I.)		Life insured if different from the policy owner	
Policy/Plan Number		Relationship to the life insured <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Others, specify _____	
Birthplace (City/Province and Country)	Birthdate (day/month/year)	Age	Religion
Citizenship/s	Country/ies of Legal Residence other than the Philippines		
ID Presented	ID No.	ID Expiry Date	TIN
SSS No. or GSIS No.	Explain if there is no TIN, SSS or GSIS No.		
Permanent Residence Address (no., street, municipality/city, province, country, zip code) P.O. Box is not acceptable			
Present Residence 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.)	Home Phone (country code, mobile no.)	Email Address

2 Questions

The following questions must be answered by: i. the life insured; ii. the plan holder if plan being reinstated has insurance benefit/s; iii. the owner of the policy if the policy includes a waiver of premium benefit.

	Life Insured/ Plan holder		Owner	
1. Within the past year, have you had any symptoms of, sought advice for, or been treated for high blood pressure, stroke, heart trouble, diabetes, cancer or tumor, chest pain, bleeding from the bowel, or blood in your sputum, or has treatment for any of these been recommended by a physician or other practitioner?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. Within the past year, have you been admitted or been advised to be admitted to a hospital or other medical facility, or has surgery been performed or recommended, or has any medical test/laboratory procedure been scheduled or recommended?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Within the past year, have you had any abnormal test results, or had routine check-up, or had ECG, x-ray, urine, blood tests or other tests which resulted in abnormal findings?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. Within the past year, do you have any health symptoms or complaints for which a physician has not been consulted or treatment has not been received? For example: persistent fever, unexplained weight loss, loss of appetite, pain, mass or cyst or swelling in any parts of the body, etc.?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes



2 Questions (continued)

If, on or before the specified date (a) this application is returned to us with all questions fully and truthfully answered "NO", and (b) payment in full is made, your policy/plan will be reinstated effective the day on which the later of (a) or (b) takes place provided there has been no change in the insurability of the life insured or the plan holder, and of the owner if the policy includes a waiver of premium and that the answers to the questions are still complete and accurate as of that day.

If any question is answered "YES" or left blank, your policy/plan will not be reinstated. In this circumstance, please contact your advisor/Sales Consultant or our Call Center at 849-9888 for further information on alternative requirements to consider reinstatement of your policy/plan. You may also visit our website at www.sunlife.com.ph.

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 expressly authorize the collection, processing, use, storage and destruction of your personal/sensitive personal information and any related information 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.

This section must be signed by the life insured/plan holder, the parent, if applicable, and the owner if the policy includes a waiver of premium benefit. A person below 18 years old must be represented by his parent or legal guardian.

By signing below, you hereby declare that to the best of your knowledge and belief, the above answers are full and true.

Signature of Life Insured/ Plan holder (required if life insured is 18 years old and over) X	Printed Name	Place and Date of Signing (day/month/year)
Signature of Owner/Plan holder X	Printed Name	Place and Date of Signing (day/month/year)
Signature of Parent if life insured is below 18 years old X	Printed Name of Parent	Place and Date of Signing (day/month/year)
Signature of Witness	Printed Name	Place and Date of Signing (day/month/year)
Address of Witness		