

Release of Assignment as Collateral Security



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

Purpose of the form:

This form is used to cancel the assignment of the policy to the creditor.

IMPORTANT NOTES:

The assignee must accomplish this form. You must submit the following documents through any of our Client Service Centers or email to sunlink@sunlife.com:

- a. Completed form signed by the assignee or the authorized signatory(-ies), if assignee is a company;
- b. Valid ID of the assignee or the authorized signatory(-ies), if assignee is a company; and
- c. Secretary's certificate attesting to the authority of the signatory, if assignee is a company.

Please write legibly 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 only when completely filled out.

The policy(-ies) indicated below is/are released and the rights and interests of the assignee are cancelled and annulled for any value received.

A General Information

1. Policy Number(s)		
For Individual Policy Owner		
Last Name		
First Name		M.I.
For Company/Business Policy Owner		
Company or Business Name		

B Assignee Information

2. Lender - Institution		
Company or Business Name		
3. Lender - Individual		
Last Name		
First Name		M.I.

C Signatures

By signing, you confirm your understanding and agreement to the following:

- a. The policy owner shall inform us within **30 calendar days** of any change in their circumstances, including but not limited to citizenship(s)/nationality(-ies), and submit the applicable documents accordingly.
- b. The policy owner acknowledges the Company's statutory responsibility to provide their 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 information**, with any person or organization to (i) service this account, (ii) process transactions and enforce the contract, and (iii) pursue its legitimate and lawful rights and interests and other purposes allowed under laws and regulations, including, but not limited to, those relating to data privacy and anti-money laundering.
- d. **Your personal data shall be retained** throughout the existence of this/these account(s) and/or until expiration of the retention limit set by laws and regulations from account closure and the period set for destruction or disposal of records. You certify that you have read, understood, and agreed with the declarations and authorizations above, including Sun Life's privacy policy found in <https://apps.sunlife.com.ph/privacy>.
- e. 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.

C Signatures (continuation)

This section must be signed by the assignee. If the assignee is an institution (e.g. bank, company), the signature and title of the authorized signatory is required. The witness should be a person with no interest in the policy.

For Assignee/Authorized Signatory

4. Signature of Assignee/Authorized Signatory #1 (For Lender Institution)	5. Printed Name and Job Title
6. Signature of Witness	7. Printed Name
8. Place of Signing	9. Date of Signing (e.g. 08-AUG-2008) Day Month Year
10. Signature of Assignee/Authorized Signatory #2 (For Lender Institution)	11. Printed Name and Job Title
12. Signature of Witness	13. Printed Name
14. Place of Signing	15. Date of Signing (e.g. 08-AUG-2008) Day Month Year

For Office Use Only

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