

Request for Check Uncrossing



Please PRINT clearly.
Use BLACK ink.

In this form, *you* and *your* refer to the named payee/s of the check/s who are of legal age while we, us, our, and the Company refer to Sun Life of Canada (Philippines), Inc. or Sun Life Financial Plans, Inc. or Sun Life Asset Management Company, Inc., as the issuer of the check/s. All are members of the Sun Life Financial group of companies.

1 General Information

Relating to the payee/s of the check as shown below:

| Payee of the Check | Address | Contact Details | |
|--------------------|-----------|-----------------|---------------|
| | Residence | Home No. | Cellphone No. |
| | Business | Office No. | Email Address |
| | Residence | Home No. | Cellphone No. |
| | Business | Office No. | Email Address |
| | Residence | Home No. | Cellphone No. |
| | Business | Office No. | Email Address |

Details of crossed check/s issued by the Company to the named payee/s.

| Bank Name/Branch | Check No. | Date of Check | Amount | Payment For | Policy No./Plan No./ Client No. |
|------------------|-----------|---------------|--------|-------------|---------------------------------|
| | | | | | |
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| | | | | | |

2 Details of Request

You request the Company for the uncrossing of the above check/s due to the following circumstances:

- No Bank Account
 Needs immediate cash
 Bank account accepts CASH DEPOSIT ONLY
 For personal use
 Others, please specify _____

3 Signatures

By signing below, you understand and acknowledge that the Company is not and cannot be held responsible for any and all consequences of this request for the uncrossing of the above check/s and in this connection, you hereby:

- waive any and all action and/or recourse which you may have now or hereinafter against the Company for reason of issuing the requested uncrossed check/s.
- further hold the Company, its subsidiaries, affiliates, heirs, assigns, officers, directors, and employees free and harmless from any and all consequences of this request.

| | | |
|---|--------------------|-----------------|
| Signature over Printed Name of the Payee X | IDs Presented / | Date of Signing |
| Signature over Printed Name of the Payee X | IDs Presented / | Date of Signing |
| Signature over Printed Name of the Payee X | IDs Presented / | Date of Signing |

Note: This form should be signed in the presence of the Staff who will process and release the uncrossed check.

Witnessed by:

Noted by:

| | | | |
|---|------|----------------------------------|------|
| Signature over Printed Name of Attending Staff X | Date | Signature over Printed Name X | Date |
|---|------|----------------------------------|------|

4 For Company Use Only

