

# Dividend/Endowment Benefit Authorization Form



For Company Use Only

Pick up Date : \_\_\_\_\_  
 Pick up Time : \_\_\_\_\_  
 Received Date : \_\_\_\_\_

In this form, *you* and *your* refer to the policy owner, plan holder, endowment beneficiary, whoever is applicable, while *we*, *us*, *our* and *the Company* refer to Sun Life of Canada (Phils.), Inc. (SLOCPI) and/or Sun Life Financial Plans, Inc. (SLFPI), both are members 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

### 1. Dividends

Tick the appropriate box. Current Dividend Option : as  Addition to Policy\*  Dividend Accumulation

\*This option is applicable only for participating life insurance policies issued by Sun Life of Canada (Phils.), Inc.

A. Withdraw the amount of

Currency <input type="checkbox"/> US\$ <input type="checkbox"/> PHP	amount in words and figures	( )
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B. Apply the amount of

Amount in figures	For	To Policy No.
	Premium/Installment Due	
	Policy Advance/Interest	
	Others	

Withdrawal of dividends (A) and application of the amount withdrawn (B) are applicable to participating policies issued by Sun Life of Canada (Phils.), Inc., with current dividend options in effect as Paid-up Additions and Dividend Accumulations.

For participating plans issued by Sun Life Financial Plans, Inc. A and B are applicable only on plans where the current dividend option in effect is Dividend Accumulation.

Reminder: You understand that if you withdraw any accumulated dividends, you may lose certain options available under your policy.

### 2. Endowment Benefit

A. Withdraw the amount of

Currency <input type="checkbox"/> US\$ <input type="checkbox"/> PHP	amount in words and figures	( )
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B. Apply the amount of

Amount in figures	For	To Policy No.
	Premium/Installment Due	
	Policy Advance/Interest	
	Others	

Reminder: You understand that if you withdraw any endowment benefits, you may lose certain options available under your policy.



## 2 Request Details

### 3. Change Dividend Option to

as Addition to Policy\*       Applied to Installment/Premiums       Paid in Cash       Dividend Accumulation\*\*

Complete this portion only if a change in Dividend Option is requested. The new option will be applied to subsequent dividends.

\*This is applicable only for participating life insurance policies issued by SLOCPI.

\*\*Under this option, for policies issued by SLOCPI, you hereby authorize us to apply any dividend credits towards any Premium Payment Default Option in effect and any interest on outstanding policy advances (loans).

### 4. Change the Endowment Benefit Pay-out Option to

receive the amount in check       leave the amount on deposit with the Company

The policy owner to complete this portion if a change in Endowment Benefit Pay-out Option is requested.

## 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 and sensitive personal information and any information concerning the subject insurance policy as well as its sharing, transfer and/or disclosure to any of the Company's branches, subsidiaries, affiliates, advisors 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 policy owner for withdrawal of dividends and change in dividend option, and by all elected endowment beneficiaries for withdrawal of endowment benefit. If request is for a change in Endowment Benefit Pay-out, all irrevocable endowment beneficiary/ies must also sign.**

This section must be witnessed by an Advisor or Staff of Sun Life of Canada (Phils.), Inc. Otherwise, if signed before a disinterested witness, have the form notarized by notary public by affixing his/her signature and official seal at the back of this form.

Signature of Policy Owner/Endowment Beneficiary 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 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

### 3 Acknowledgment and Agreement (continuation)

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
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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

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Pick Up Stub for  Dividends  Endowment Benefit

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)

Polic Number

Policy Owner

The check will be ready for pick up on:

Date (day/month/year)	at	Place	Time
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