

# US Dollar Cash Payment Breakdown



In this form, *Client* refers to any person remitting USDollar Cash to Sunlife of Canada (Philippines), Inc.'s Agent or Customer Center Cashier.

Please accomplish this form when remitting US Dollar cash payments.

This form may also be used as a Cover Document in cases where photocopies of US Dollar bills with serial nos and/or US Dollar Cash breakdown are already listed in an unofficial form. When used as Cover Document, please comply with the requirements stated below.

|              |            |
|--------------|------------|
| Policy Owner | Policy No. |
|--------------|------------|

## Cash Payment Details

Please complete this section when remitting US Dollar cash payments.

| Denomination | Serial No. | Denomination | Serial No. | Denomination | Serial No. |
|--------------|------------|--------------|------------|--------------|------------|
|              |            |              |            |              |            |
|              |            |              |            |              |            |
|              |            |              |            |              |            |
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|              |            |              |            |              |            |
|              |            |              |            |              |            |

|                         |                      |                 |                      |
|-------------------------|----------------------|-----------------|----------------------|
| Total Cash Payment US\$ | <input type="text"/> | Date of Payment | <input type="text"/> |
|-------------------------|----------------------|-----------------|----------------------|

## Signatures

Conforme:

|                          |
|--------------------------|
| Signature of Client<br>X |
|--------------------------|

|                        |
|------------------------|
| Printed Name of Client |
|------------------------|

Conforme:

|                         |
|-------------------------|
| Signature of Agent<br>X |
|-------------------------|

|                       |
|-----------------------|
| Printed Name of Agent |
|-----------------------|

Payment Received by:

|                           |              |
|---------------------------|--------------|
| Signature of Cashier<br>X | Printed Name |
|---------------------------|--------------|

|                 |                          |
|-----------------|--------------------------|
| CSC Site Office | Date Payment is Received |
|-----------------|--------------------------|

## Requirements For A Cover Document

Please complete this section if Form is used as a Cover Document.

To ensure completeness of the attached required documents (photocopies of US Dollar bills with Serial Nos. and/or list of US Dollar cash breakdown in unofficial form), please accomplish the checklist below.

- Client's signature over printed name affixed on the photocopy and/or list
- Agent's signature over printed name affixed on the photocopy and/or list (if payment is remitted for own policy or on behalf of a client)
- Cashier's signature over printed name affixed on the photocopy and/or list
- Date of receipt of payment by Cashier is reflected

Complete requirements reviewed by:

|                           |              |                 |
|---------------------------|--------------|-----------------|
| Signature of Cashier<br>X | Printed Name | CSC Site Office |
|---------------------------|--------------|-----------------|