Variable Life Insurance -Request for Fund Withdrawal



For Company Use Only Pick up Date : Pick up Time : Received Date :	Canada (Phils Please PRINT cl	ou and your refer to the .), Inc., a member of th			any refer	to Sun Life of	
1 General Information	tion						
Policy Owner (Last Name, F	irst Name, M.I.)		Policy Number			Sun ID	
Citizenship			Country/ies of	Legal Residence other	than the	Philippines	
ID presented	ID presented		ID Number	ID Number		ID Expiry Date	
Permanent Residence Add	dress (Number, Street, M	lunicipality/City, Province, C	Country, Zip Code) P.O. Box	is not acceptable			
Present Residence Addres	s (Number, Street, Muni	cipality/City, Province, Cour	ntry, Zip Code) P.O. Box is r	not acceptable			
Home Phone (Country Code, Area, Tel. No.) Work Ph		Work Phone (Count	try Code, Area, Tel. No.)	Email Address			
Life Insured (Last Name, Fir	st Name, M.I.) if differe	nt from Policy Owner					
2 Request Details							
You hereby request for a below:	withdrawal from the	Fund Value, in accorda	ance with the Fund Wi	thdrawal provision of	your po	olicy, as specified	
Currency ☐ US \$ ☐ Php	Amount in words	and figures		()	
Special Instructions (Op-	tional, specify for wh	nich Fund and the corre	esponding amount)				

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 (policy owner/beneficiary) expressly authorize the collection, processing, use, storage and destruction of your (policy owner/beneficiary) personal and sensitive personal information and any information concerning the subject insurance policy/pre-need plan 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.



Acknowledgment and Agreement (continuation)

By signing below, you understand that if you have more than one Investment Fund and you do not indicate the Investment Funds from which the amount is to be withdrawn, the same will proportionately be taken from each Investment Fund. Please refer to your policy provisions for further details.

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

If this form is signed outside the Philippines, please have the form authenticated by the nearest Philippine Consul in your locality.

If any of the irrevocable beneficiaries is a minor (less than 18 years of age) or has passed away, additional documents may be required from the said guardian. A legal guardian should sign on behalf of the minor irrevocable beneficiary. This applies to both death and endowment irrevocable beneficiaries.

IMPORTANT

Your Sun FlexiLink is an insurance plan with Investment Component. Frequent fund withdrawals and subsequent reinvestment of

of application.	. As such, the plan n	nay not match the financial	objective you have set forth at the time
Signature of Policy Owner	Prii	nted Name	Date of Signing (day/month/year)
X			
Signature of Witness	'	Printed Name	<u>'</u>
X			
Address of Witness (no., street, municipality, city/pro	ovince, country, zip code)		
Place of Signing		Date of Signing (day/month/	year)
Signature of Assignee	Printed Name		Date of Signing (day/month/year)
X			
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
Signature of Irrevocable Beneficiary, if any	Printed Name		Date of Signing (day/month/year)
X			
ID presented	ID Number		ID Expiry Date
Signature of Irrevocable Beneficiary, if any	Printed Name		Date of Signing (day/month/year)
X			
ID presented	ID Number		ID Expiry Date
Signature of Witness		Printed Name	
X			
Address of Witness (no., street, municipality, city/pro	vince, country, zip code)		
Place of Signing		Date of Signing (day/month/	vear)
. 1866 61 51811118		2. 2.00 (20)31(1).	,···,

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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
lease provide 2 specimens of	f your new signature on the space prov	ided.	
lease provide 2 specimens of	f your new signature on the space prov	ided. (New) Signature	

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	Printed Name of Witness		
X			
Address of Witness (Number, Street, Municipality/City, Province, Country, Zip Code)			
Place of Signing	Date of Signing (day/month/year)		

7	Notarization
2	NOLARIZACION

3 NOTATIZATION		
This is to be completed by a Notary Public if the form is not witness	ed by a Sun Life of Canada (Phils.), Inc.'s advis	sor or staff.
SUBSCRIBE AND SWORN to before me this affiant having exhibited to me his/her (valid ID) at		
Doc No.:		
Page No.:		
Book No.:		
Series of		

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6 Special Instruction				
Indicate how you would want to receive the proceeds	s. Choose from t	he 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 (I Bank Name:	PDDTS) - domes	stic wire transfer for US\$ p	olicy.	
Bank Branch:				
Bank Address:				
Account Name:				
Account No.:				
Routing No./Swift Code:				
Telegraphic Transfer (international wire transfer	er)			
Bank Name:	,			
Bank Branch:				
Bank Address:				
Account Name:				
Account No.:				
Routing No./Swift Code:				
not be liable if the remittance is credited to an error not be responsible nor liable whatsoever for any fail 7 Acknowledgment Receipt	ure, fault or neg	ligence on the part of the	bank to deposit	the proceeds to your account.
This section must be signed by the recipient of the cl	neck. Indicate if	you are the Life Insured, I	Representative o	Advisor by checking the box.
Check Number Check	Check Number Check Date (day/month/year) Issuing			
Payee (Last Name, First Name, M.I.)	Payee (Last Name, First Name, M.I.) Date Receive			ay/month/year)
Signature of Life Insured/Representative/Advisor	Printed Name		Life Insu	ed Advisor
			Represen	tative
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Pick Up Stub for VUL -Request for Fu	 und Withdr	— — — — — — — — awal		and the same of th
				Sun
Please present this stub together with:		Policy Number		Life Financial
a) One (1) Original Valid ID of Policy Owner		Policy Owner		
b) One (1) Original Valid ID of Policy Owner and				
Representative if Policy Owner is unable to pick-up the check personally. The check will be ready for pick up on Date (day/month/year) Place			, - 	
c) Authorization Letter if Policy Owner is unable to check personally (Please indicate the Policy N		Date (day/month/year)	at Place	Time