

# Application by the Policy Owner for Living Benefit Payment



Please PRINT clearly.  
Use BLACK ink.

In this form, "you" and "your" refer to the policy owner and life insured whose information we are processing or disclosing. *We, us, our* and *the Company* refer to Sun Life of Canada (Philippines), Inc., a member of Sun Life Financial group of companies.

You hereby request the Company for a living benefit payment on the policy/ies indicated below under the provisions of the Living Benefit Rider.

## 1 General Information

The policy/ies must be attached to this application.

Policy Owner (Last Name, First Name, M.I.)
Policy Number(s)
Life Insured if other than Policy Owner (Last Name, First Name, M.I.)

## 2 Signatures

By signing below, you hereby declare that you have fully read and understood the provisions of the rider and believe that you are entitled to the benefits offered by the rider. You also understand that any amount that you receive under this application represent advance payment of your policy proceeds and that this application is not intended to allow third parties to cause you to involuntarily invade policy proceeds payable to the named beneficiary /ies.

You further certify that you are applying on a strict voluntary basis and that you are not under pressure from any third party, creditor, governmental agency, trustee in bankruptcy or a court order. The life insured also agrees to a medical examination by a physician of the Company's choice at no expense to the Company for the purpose of ascertaining his/her life expectancy.

This section must be signed by the policy owner, life insured and the appropriate persons as indicated and witnessed by an Advisor of Sun Life Financial. If signed before a disinterested witness, please have this form notarized by a notary public by affixing his/her signature and official seal at the back of this form.

Please indicate date of signing after each signature.

Signature of Policy Owner <b>X</b>	Signature of Life Insured if other than Policy Owner <b>X</b>
Date and Place of Signing	Date and Place of Signing
Signature of Irrevocable Beneficiary, if any <b>X</b>	Printed Name
Signature of Irrevocable Beneficiary, if any <b>X</b>	Printed Name
Signature of Witness <b>X</b>	Printed Name
Address	Contact Number/s:
Place of Signing	Date of Signing (month/day/year)

## Authorization to disclose information

This statement must be signed by the life insured. If that person is under 18 years of age, a parent must sign.

By signing below, you allow us to process and disclose your personal and sensitive personal information to third parties so that we can better help you meet your lifetime needs.

You also consent to a personal investigation on you and a copy of the authorization granted in this form shall be as valid as the original.

If you need more information about our privacy policy, please visit <https://apps.sunlife.com.ph/privacy>.

Signature of Life Insured if age 18 and over <b>X</b>	Printed Name of Life Insured
Signature of Parent if life insured is under age 18 <b>X</b>	Printed Name of Parent

