

# Application by the Policy Owner for Living Benefit Payment



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 the Sun Life 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, Middle Name)
Policy Number(s)
Life Insured, if other than the Policy Owner (Last Name, First Name, Middle Name)

## 2 Payment Options

Indicate how you would like to receive the benefit proceeds. Kindly choose from the following options:

**Fund Transfer**

Credit to your local bank account with the following information:

Account Name \_\_\_\_\_  
Bank Name \_\_\_\_\_  
Routing or Serial Number\* \_\_\_\_\_  
Swift Code Number\* \_\_\_\_\_

*\*not applicable for Peso Account*

Telegraphic Transfer (applicable only to a Claimant residing abroad)  
Convert to US Dollar/Canadian Dollar/Others - specify currency and credit to bank account through overseas transfer with the following information:

Account Number \_\_\_\_\_  
Bank Address \_\_\_\_\_

You agree to shoulder any bank fees and charges arising from the foregoing deposit to your account. The Company will not be liable if the remittance is credited to an erroneous bank account number.

You further agree that the company 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.

**Check** (for Peso policy only)

Send through Servicing Advisor at preferred mailing location (automatic if no instruction provided)

For pick-up at Sun Life office (specify the location): \_\_\_\_\_

For Check - Send by courier/registered mail (specify address): \_\_\_\_\_

For RCBC Demand Draft - For encashment (provide details below):

Date of Encashment: \_\_\_\_\_ RCBC Branch Address: \_\_\_\_\_

**RCBC Demand Draft** (for US Dollar policy only)

## 3 Signatures

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. If that person is under eighteen (18) years of age, a parent must sign. 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.

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.



By signing, you acknowledge/agree that:

- a. To the best of your knowledge and belief that the above answers and those on any attached sheet are complete and true.
- b. You authorize any physician, hospital, clinic, insurance company or other organization, institution or person, that has any record of you and/or the life insured, or your and/or the life insured's health, to give to the Company any and all information about you and/or the life insured with reference to your and/or the life insured's health and medical history and any hospitalization, advice, diagnosis, treatment, disease or ailment.
- c. You agree that the Company can process your personal data to (i) implement your benefit instructions; (ii) enforce/fulfill contractual rights/obligations; (iii) improve how it develops and provides services (including development of and improvement in its systems and business processes, data analytics, automated processing, artificial intelligence, etc.); (iv) comply with applicable laws or regulations whether domestic or foreign; and (v) manage risks and pursue its legitimate interests.
- d. Your rights include the right to be informed, access your data, and rectify errors in your data. For more information about your rights and how we protect your data, you may access our privacy policy at <https://online.sunlife.com.ph/privacy>. Should you have any concerns in relation to your rights or the processing of your personal and sensitive personal information, you may get in touch with our Data Protection Officer at [privacyconcern@sunlife.com](mailto:privacyconcern@sunlife.com)
- e. You also agree that (i) the Company may disclose your personal data to its affiliates, service providers, and other third parties for processing consistent with the foregoing purposes, who shall be bound by contractual or other reasonable means to protect your personal data; (ii) that your personal data shall be retained for the duration of the policy/ies listed or existence of the related account(s) and/or upon the expiration of the retention limit set by the Company standards, laws and regulations, counted from account closure; and (iii) you have read, understood, and agree with the declarations and authorizations above, including the Company's privacy policy at <https://online.sunlife.com.ph/privacy>.
- f. You agree that the claims application shall not be considered complete until the submission of all the required documents.

Signature of Policy owner X	Printed Full Name of Policy Owner (Last Name, First Name, Middle Name)	
Signature of Life Insured, if other than the Policy Owner X	Printed Full Name of Life Insured (Last Name, First Name, Middle Name)	
Place of Signing	Date of Signing (month/day/year)	
Signature of Parent, if Life Insured is under eighteen (18) years of age X	Printed Full Name of Parent (Last Name, First Name, Middle Name)	
Signature of Irrevocable Beneficiary, if any X	Printed Full Name (Last Name, First Name, Middle Name)	
Signature of Irrevocable Beneficiary, if any X	Printed Full Name (Last Name, First Name, Middle Name)	
Signature of Irrevocable Beneficiary, if any X	Printed Full Name (Last Name, First Name, Middle Name)	
Signature of Witness X	Printed Full Name (Last Name, First Name, Middle Name)	
Place of Signing	Date of Signing (month/day/year)	
Residence Address (P.O. Box is not acceptable) No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country, Zip Code)		
Home Phone	Work Phone	Mobile Phone