

In the Philippines, this group insurance product is provided by Sun Life Grepa Financial, Inc., a joint venture of Sun Life Financial and the Yuchengco Group of Companies.

In this application, *you* and *your* refer to the person being insured while *we*, *us*, *our* and *the Company* refer to Sun Life Grepa Financial, Inc.

Sun Life Grepa Financial, Inc. is a Covered Institution under Republic Act No. 9160, as amended, otherwise known as the Anti-Money Laundering Act of 2001.

1

General Information

Relating to Debtor

For:

☐ New Application

☐ Reinstatement

[Serial No. 000000]

Last Name		<input type="checkbox"/> Male	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss
		<input type="checkbox"/> Female	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Others, specify
First Name		<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed
		<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	
Middle Name		Date of Birth (Month/Day/Year)		Age (last birthday)
Other Legal Names (a.k.a.)		Birthplace		Nationality
				<input type="checkbox"/> Filipino <input type="checkbox"/> Others, specify
Residence Address (no., street, municipality/city, province, country, zip code) P.O. Box is not acceptable				
Occupation		Name of Employer		Group Policy No.
Business Address (building, no., street, municipality/city, province, country, zip code) P.O. Box is not acceptable				
Amount of Indebtedness (to be completed by the Debtor)		Term of Contract of Indebtedness		

Designated Beneficiary (in excess, if any, of the debtor's amount of insurance over his outstanding indebtedness)

Primary Beneficiary/ies

Name (First Name, MI, Last Name)	Date of Birth (Month/Day/Year)	Relationship to Insured

Contingent Beneficiary in the event of death of all primary beneficiary/ies

Name (First Name, MI, Last Name)	Date of Birth (Month/Day/Year)	Relationship to Insured

Note: All nominations of beneficiaries are revocable unless otherwise specified.

2

Declarations and Representations

1. Within the last two (2) years, have any of your applications for insurance been declined, postponed, withdrawn or accepted on a basis other than that applied for?.....
- Yes ☐ No ☐
2. Have you had any symptoms of, sought advice for, or been treated for high blood pressure, stroke, heart trouble, diabetes, cancer or tumour, chest pain, bleeding from the bowel, or blood in your sputum, or has treatment for any of these been recommended by a physician or other practitioner?
- Yes ☐ No ☐
3. Within the last five (5) years, have you been admitted or been advised to be admitted as an in-patient to a hospital or clinic EXCEPT for pregnancy, birth, routine health check-up, gall bladder/kidney stones, colds, flu/influenza, gastroenteritis, upper and lower respiratory tract infections, hepatitis A, appendectomy, tonsillectomy, haemorrhoidectomy, cholecystectomy, and herniotomy?
- Yes ☐ No ☐
4. Do you have any health symptoms or complaints for which a physician has not been consulted or treatment has not been received? For example: persistent fever, unexplained weight loss, loss of appetite, pain or swelling, etc.?
- Yes ☐ No ☐

3

Signature

By signing below, you declare that to the best of your knowledge and belief, the above answers and those on any attached sheet are complete and true.

You understand and agree that your insurance shall become effective in accordance with the terms and conditions of the Creditor Group Life Policy for which this application is made provided that you are Actively-At-Work on such date.

You also understand and agree that while insured under the Creditor Group Life Policy, the Amount of Insurance in force at the time of your death shall be used to discharge you of your Outstanding Indebtedness to the Creditor.

The excess, if any, of the Amount of Insurance over your Outstanding Indebtedness shall be made payable to your beneficiaries.

You expressly authorize the collection, processing, use, storage and destruction of your personal and sensitive personal information and any information related to your application and/or insurance policy as well as its sharing, transfer and or disclosure to any of the Company’s branches, subsidiaries, affiliates, agents 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 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.

Place of Signing	Date (Month/Day/Year)
Your Signature X	Printed Name
Witness X	Name of Witness

