



### 3 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if you have more than one Investment Fund and you do not indicate the Investment Funds from which the amount is to be withdrawn, the same will proportionately be taken from each Investment Fund.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 this amount will incur new premium charges. As such, the plan may not match the financial objective you have set forth at the time of application.**

Signature of Policy Owner X	Printed Name	Date of Signing (day/month/year)
Signature of Witness X	Printed Name	
Address of Witness (no., street, municipality, city/province, country, zip code)		
Place of Signing	Date of Signing (day/month/year)	

Signature of Assignee X	Printed Name	Date of Signing (day/month/year)
ID presented	ID Number	ID Expiry Date

Signature of Irrevocable Beneficiary, if any X	Printed Name	Date of Signing (day/month/year)
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ID presented	ID Number	ID Expiry Date
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Signature of Irrevocable Beneficiary, if any X	Printed Name	Date of Signing (day/month/year)
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ID presented	ID Number	ID Expiry Date
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Signature of Irrevocable Beneficiary, if any X	Printed Name	Date of Signing (day/month/year)
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ID presented	ID Number	ID Expiry Date
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Signature of Witness X	Printed Name	
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Address of Witness (no., street, municipality, city/province, country, zip code)		
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Place of Signing	Date of Signing (day/month/year)	
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## 4 New Signature Specimen

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

Please provide 2 specimens of your new signature on the space provided.

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

## 5 Notarization

This is to be completed by a Notary Public if the form is not witnessed by a Sun Life of Canada (Phils.), Inc.'s advisor or staff.

SUBSCRIBE AND SWORN to before me this \_\_\_\_\_ day at \_\_\_\_\_ Philippines,  
affiant having exhibited to me his/her (valid ID) \_\_\_\_\_ issued on \_\_\_\_\_  
at \_\_\_\_\_

Doc No.: \_\_\_\_\_

Page No.: \_\_\_\_\_

Book No.: \_\_\_\_\_

Series of \_\_\_\_\_

## 6 Special Instruction

Indicate how you would want to receive the proceeds. Choose from the 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 (PDDTS) - domestic wire transfer for US\$ policy.  
Bank Name: \_\_\_\_\_  
Bank Branch: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
Account Name: \_\_\_\_\_  
Account No.: \_\_\_\_\_  
Routing No./Swift Code: \_\_\_\_\_
- Telegraphic Transfer (international wire transfer)  
Bank Name: \_\_\_\_\_  
Bank Branch: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
Account Name: \_\_\_\_\_  
Account No.: \_\_\_\_\_  
Routing No./Swift Code: \_\_\_\_\_

You also agree to shoulder any bank fees and charges arising from the foregoing deposit to your account. Sun Life of Canada (Phils.), Inc. will not be liable if the remittance is credited to an erroneous bank account number. You further agree that Sun Life of Canada (Phils.), Inc. 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.

## 7 Acknowledgment Receipt

This section must be signed by the recipient of the check. Indicate if you are the Life Insured, Representative or Advisor by checking the box.

Check Number	Check Date (day/month/year)	Issuing Bank
Payee (Last Name, First Name, M.I.)		Date Received (day/month/year)
Signature of Life Insured/Representative/Advisor	Printed Name	<input type="checkbox"/> Life Insured <input type="checkbox"/> Advisor <input type="checkbox"/> Representative

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## Pick Up Stub for VUL -Request for Fund Withdrawal

Please present this stub together with:

- One (1) Original Valid ID of Policy Owner
- One (1) Original Valid ID of Policy Owner and Representative if Policy Owner is unable to pick-up the check personally.
- Authorization Letter if Policy Owner is unable to pick-up the check personally (Please indicate the Policy Number)

Policy Number

Policy Owner

The check will be ready for pick up on:

Date (day/month/year)	at	Place	Time
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