

Claimant's Statement (Disability)

Please PRINT clearly.

In this form, *you* and *your* refer to the life insured and policyowner while *we*, *us*, *our* and *the Company* refer to Sun Life Grepa Financial, Inc., a joint venture of the Sun Life Financial and the Yuchengco Group of Companies.

This claim is for: Disability of the Insured
(Please check appropriate box) Disability of the Owner

1 General Information

| | | | |
|-----------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------|--------------------------------|
| Life Insured (Last Name, First Name, M.I.) | | <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth (Month/Day/Year) |
| Complete Address | | | Policy Number(s) |
| Home Phone | Business Phone | Cellphone | E-mail Address |
| Policyowner (Last Name, First Name, M.I.) (Please complete if policyowner is other than the life insured) | | | Date of Birth (Month/Day/Year) |

2 Claimant's Statement

What was your occupation on date of onset of your present disability? (Please check appropriate boxes and provide details if necessary on the blanks provided)

Employee

Clerical/Rank & File
 Technical
 Supervisory
 Middle Management
 Senior Management
*Office Address _____

Position Title _____
Position Title _____
Position Title _____
Position Title _____
Position Title _____

Businessman

Nature of Business _____
Business Address _____

Professional

Doctor of Medicine Dentist
 Nurse/Therapist Lawyer
 Engineer/Architect Teacher/Professor
Others, specify _____
*Office Address _____

Housewife

Student Name of School _____

Others Specify: _____

Immediately prior to onset of disability, what were the activities related to your work or routine functions? Please check appropriate boxes.

Sitting Household Chores Attending To Telephone Calls
 Prolonged Standing Gardening Attending To Customers (personal)
 Frequent Walking Lifting Heavy Objects Attend & Conduct Meetings/Seminars
 Frequent Climbing Assembly Line Work (using hands/feet) Analysis, Judgement & Decision Making
 Driving Furniture/Equipment Repair Supervision & Management
 Travel (land) Routine Clerical Paper Work Sales & Marketing (client calls)
 Travel (air) Computer Work Others _____
 Travel (sea) Cashiering

When did you last work? (Month/Day/Year)

What is the cause of your present disability?

What were the earliest symptoms of your disability?

When did the symptoms first occur? (Month/Day/Year)

| | |
|--------------------------------------------|------------------------------------|
| Claimant's Signature X | Date of Birth (Month/Day/Year) |
| Printed Name (Last Name, First Name, M.I.) | |
| Residence Address | |
| Place of Signing | Date of Signing (Month/Day/Year) |
| Relationship to the Insured | Home Phone/Fax/Business/Cell Phone |

| | |
|--------------------------------------------|------------------------------------|
| Claimant's Signature X | Date of Birth (Month/Day/Year) |
| Printed Name (Last Name, First Name, M.I.) | |
| Residence Address | |
| Place of Signing | Date of Signing (Month/Day/Year) |
| Relationship to the Insured | Home Phone/Fax/Business/Cell Phone |

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|--------------------------------------------|------------------------------------|
| Claimant's Signature X | Date of Birth (Month/Day/Year) |
| Printed Name (Last Name, First Name, M.I.) | |
| Residence Address | |
| Place of Signing | Date of Signing (Month/Day/Year) |
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| Claimant's Signature X | Date of Birth (Month/Day/Year) |
| Printed Name (Last Name, First Name, M.I.) | |
| Residence Address | |
| Place of Signing | Date of Signing (Month/Day/Year) |
| Relationship to the Insured | Home Phone/Fax/Business/Cell Phone |

For Witness to the signature/s of Claimant/s, please sign on the space provided below:

| | |
|------------------------------------|----------------------------------|
| Signature of Witness X | Printed Name |
| Place of Signing | Date of Signing (Month/Day/Year) |
| Residence Address | |
| Home Phone/Fax/Business/Cell Phone | |

The witness should be a disinterested person and address and contact nos. should be shown on the space provided