

Primary Branch		CIF Number (To be Filled-Out by the Bank)	
Personal Information			
Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____		Customer Name (First Name, Middle Name, Last Name)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (mm/dd/yyyy)	Place of Birth (Town/City, Province, Country)
TIN		GSIS/SSS Number	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed		Nationality <input type="checkbox"/> Filipino <input type="checkbox"/> Others _____	
U.S. Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	Country/ies of Residence		
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. TIN (mandatory for US Citizen/Resident)		
Present Residence Address			
<i>Unit / Floor No., Premises / Building Name, House / Building No., Street Name, District / Town / Barangay</i>			
<i>City / Municipality</i>	<i>State / Province</i>	<i>Country</i>	<i>Postal Code</i>
Permanent Residence Address			
Same as Present Residence Address <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please fill-out Permanent Residence Address</i>			
<i>Unit / Floor No., Premises / Building Name, House / Building No., Street Name, District / Town / Barangay</i>			
<i>City / Municipality</i>	<i>State / Province</i>	<i>Country</i>	<i>Postal Code</i>
Employer/Business Name		Nature of Work/Industry	
Office/Business Address			
<i>Unit / Floor No., Premises / Building Name, House / Building No., Street Name, District / Town / Barangay</i>			
<i>City / Municipality</i>	<i>State / Province</i>	<i>Country</i>	<i>Postal Code</i>
Residence Contact Number		Mobile Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Country Code</small>	<small>Area Code</small>	<small>Number</small>	<small>4-digit prefix</small>
<small>7-digit no.</small>			
Office Contact Number		Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Country Code</small>	<small>Area Code</small>	<small>Number</small>	<small>Local</small>
Preferred Mailing Address			
<input type="checkbox"/> Present Residence Address		<input type="checkbox"/> Office/Business Address	
<input type="checkbox"/> Permanent Residence Address			

Occupation/Rank

- | | |
|---|---|
| <input type="checkbox"/> Rank and File to Middle Managers | <input type="checkbox"/> Politician |
| <input type="checkbox"/> Senior Management (VP and above) | <input type="checkbox"/> Technical/Skilled Worker |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Self Employed/Owner/Independent | <input type="checkbox"/> Unemployed/Retired |
| <input type="checkbox"/> Shareholder | <input type="checkbox"/> Student |
| <input type="checkbox"/> OFW | |

Other Information**Purpose of the Account**

- | | | |
|-----------------------------------|---|---|
| <input type="checkbox"/> Savings | <input type="checkbox"/> Remittance | <input type="checkbox"/> Payroll |
| <input type="checkbox"/> Business | <input type="checkbox"/> Investment/Trust | <input type="checkbox"/> Settlement/Bills Payment |

Source of Funds**Monthly Expected Credit
(Max Amount)**

- | | |
|--|--|
| <input type="checkbox"/> Salary/Compensation/Professional Fee | _____ |
| <input type="checkbox"/> Commission | _____ |
| <input type="checkbox"/> Business | _____ |
| <input type="checkbox"/> Dividends/Interest Earnings | _____ |
| <input type="checkbox"/> Proceeds from Sale of Property/Inheritance/Donation | _____ |
| <input type="checkbox"/> Pension/Allowance | _____ |
| Total Monthly Expected Credit (Max Amount) | <input style="width: 150px; height: 20px;" type="text"/> |

Account with Beneficial Owner? Yes No

Name _____

Date of Birth _____

Place of Birth _____

Source of Funds _____

Nature of Work/Industry _____

Nationality _____

Relationship to the Client _____

Present Address _____

Bank Products/Services and Other Financial Products you are Interested in:**Bank Products/Services**

- | | |
|---|---|
| <input type="checkbox"/> Deposit Account (Current, Savings or Time Deposit) | <input type="checkbox"/> Foreign Currency |
| <input type="checkbox"/> Business Loan | <input type="checkbox"/> Remittance |
| <input type="checkbox"/> Investment (Trust, Treasury, Others) | <input type="checkbox"/> Wealth Management |
| <input type="checkbox"/> RCBC Bankard Credit Card with <input type="checkbox"/> Credit Protect Plus | <u>Other Financial Services</u> |
| <input type="checkbox"/> Debit Card with <input type="checkbox"/> Card Protect | <input type="checkbox"/> Home/Auto/Salary Loans |
| <input type="checkbox"/> Pre-Paid Card with <input type="checkbox"/> Card Protect | <input type="checkbox"/> Life/Auto/Home Insurance |

I **Agree** **Disagree** that if interested in any of the products/services listed above, an authorized sales representative will get in touch with me.

I **Agree** **Disagree** to have my information shared with the Yuchengco Group of Companies (YGC) and RCBC's subsidiaries and affiliates for processing, referral, offer and cross-selling of products and services that I may be eligible subject to their respective Terms & Conditions and limitations set forth by the law.

I **Agree** **Disagree** to have my accounts'/customer information used in my application for other products and services offered by RCBC and YGC or as my application for RCBC Bankard.

RCBC Online Banking Enrollment

"Would you like to be enrolled in RCBC Online Banking? Yes No
Enrollment activation details will be sent to your indicated email address."

Enrollment to RCBC's Electronic Banking shall be subject to your acceptance of the Electronic Banking Terms and Conditions as stated in the RCBC's Terms and Conditions Applicable For All Deposit Accounts-Retail.

Client's Acknowledgement

By signing this form, I certify that all information provided herein is true and accurate to the best of my knowledge. I hereto agree to notify RCBC in writing of any change in the information supplied in this form. I further agree and confirm that:

- i. I acknowledge having read and clearly understood and agree to have my present and future accounts with RCBC governed by the terms and conditions set forth by RCBC which were discussed with me during account opening and are available via www.rcbc.com, as may be amended from time to time, as well as the rules and regulations of the Bangko Sentral ng Pilipinas (BSP), Bankers Association of the Philippines (BAP) and the Anti-Money Laundering Council (AMLC) relative to the opening and operation of deposit accounts and other bank/trust products and services availed of. I likewise confirm as having read and understood the said terms and conditions and hereby agree to be bound by the appropriate terms and conditions (as may be amended) governing the operation of each of my aforementioned present and future accounts.
- ii. I hereby grant RCBC full permission to have my financial account/s or information shared with its service providers, third party auditors, and such third parties as may be indicated in the Terms and Conditions, and/or reported to the US Internal Revenue Service (IRS), the Philippine Bureau of Internal Revenue (BIR), the AMLC or any other local or foreign regulators, authorities or bodies, and to comply with the Foreign Account Tax Compliance Act (FATCA) or any Anti-Money Laundering Act (AMLA) regulation or requirement, or in accordance with any applicable local and foreign laws or regulations or as may be required by or pursuant to agreements with local or foreign regulators, authorities or bodies.
- iii. The information collected, to be processed and retained, including updates, shall be for the following purposes:
 - a. Account opening and client identification;
 - b. Client risk profile assessment;
 - c. Offer and referral of other products and services, and cross-selling subject to client's consent herein; and
 - d. Compliance with BSP rules, AMLA, FATCA and such other purpose that may be required or allowed by law."
- iv. I hereby agree and authorize RCBC to collect, use, process, store, update, and disclose all information, personal or otherwise, relating to my account/s or credit standing in relation to the use of any products, services, facilities or channels that the I may avail of now or in the future from RCBC or any of its subsidiaries and affiliates. For this purpose, I hereby waive the rights as defined under applicable confidentiality and data privacy laws in the Philippines and other jurisdictions, including but not limited to, Republic Act (RA) No. 1405 or The Law on Secrecy of Bank Deposits, RA 6426 or The Foreign Currency Deposit Act, RA 8791 of the General Banking Law and RA No. 10173 or the Data Privacy Act of 2012.
- v. I agree to abide by the Bank's terms and conditions governing accounts set forth in the Deposit Terms and Conditions Version PF-TC-Ret (April2020.1) and the relevant rules and regulations governing the respective services linked to my account which have been disclosed to and discussed with me. I likewise hereby acknowledge receipt of and agree to be bound by the appropriate Terms and Conditions governing the operation of each of my aforementioned present and future Accounts / Investments as stated in this form.
- vi. I likewise acknowledge that I may request for and secure my ATM/Passbook/Checkbook and arrange for the release thereof with RCBC. This further serves as my authorization to debit my CASA for the fees/charges in relation for the mailing of my Statement of Account, as may be applicable.

- vi. I likewise acknowledge that I may request for and secure my ATM/Passbook/Checkbook and arrange for the release thereof with RCBC. This further serves as my authorization to debit my CASA for the fees/charges in relation for the mailing of my Statement of Account, as may be applicable.
- vii. I hereby authorize Rizal Commercial Banking Corporation to disburse funds as well as honor other related banking transactions on the basis of my signature as affixed below, in relation to the Accounts / Investments I maintain with the Bank as well as all other Accounts / Investments I may establish in the future.
- viii. That the information in this form shall be retained for a period of time as provided, required or allowed under applicable laws, rules and regulations.
- ix. I hereby acknowledge and consent that, for my joint "OR" account, enrolment in RCBC Online Banking be limited to only one of the joint "OR" co-depositors, which RCBC has disclosed to and discussed with me upon account opening. I hereby confirm that any enrollment, whether made by me or by joint "OR" co-depositor, shall be understood to have been made with my knowledge and consent.
- x. I hereby consent and confirm that the information as disclosed and verified by me in the Customer Record Form, including the supplemental thereof, will be used in my application for the opening new account/s in my name. I hereby agree and confirm that my signature as most-recently updated by me and currently on record with RCBC for my existing account/s, if any, shall serve as my specimen signature for this new account and any transaction undertaken therein until such time that I will update and submit a new one to replace the same.

I acknowledge that I have the right to: (i) access and correct the information given; and (ii) withdraw consent at any time by giving written instruction to RCBC.

Signature over Printed Name/Date

 _____
Signature over Printed Name/Date

 _____
Signature over Printed Name/Date



General Information

Group Policy Number: GL-2018/188-00

Effective Date of Policy: June 01, 2018

Policyholder: Rizal Commercial Banking Corporation (RCBC)

Control Number:

Member: GoSavers Parent Depositor and/or
Parents of GoSavers Child Depositor

Effective Date of Insurance:

Plan of Insurance: GROUP YEARLY RENEWABLE TERM (GYRT) INSURANCE

If BOTH Parents are alive Each parent shall be covered with 50% of Initial Deposit or ADB*

If ONLY ONE Parent is alive Surviving parent shall be covered with 100% of Initial Deposit or ADB*

Single / Unmarried Parents Default insured is the MOTHER, who will be covered with 100% of Initial Deposit or ADB*

*ADB is Average Daily Balance of the immediately preceding six (6) month period

The amount of insurance is subject to the terms and conditions set forth in the GROUP LIFE INSURANCE POLICY issued to the Policyholder. In the event of claim, Sun Life Grepa Financial shall pay the amount of insurance of a Member to his designated beneficiaries indicated to Sun Life Grepa Financial in writing.

Notice and Proof of Claim

Written notice of claim must be submitted to Sun Life Grepa Financial within 30 days from date of death. Proof of claim must be submitted not later than 90 days from the date of death. Failure to submit the written notice and proof of claim within the time limits shall invalidate or reduce any claim if it shall be shown not to have been reasonably possible and was submitted as soon as it was reasonably possible.



Richard S. Lim
President

Extract of Policy Provisions

Right to Designate and Change Beneficiary.

A Member may designate a beneficiary or beneficiaries. All designations of beneficiaries are revocable unless otherwise stated by the Member on the form provided by Sun Life Grepa Financial. The Member may, at any time, change a revocable beneficiary by filing a written notice with Sun Life Grepa Financial on a form provided by Sun Life Grepa Financial. The change shall then be effective as of the date it was signed, but it shall be subject to any action taken before it was received by Sun Life Grepa Financial.

Conversion Privilege.

Each member shall have the privilege to convert his insurance into an ordinary life insurance policy without Evidence of Insurability. He may only exercise this privilege if:

- (A) His life insurance is terminated because he ceases to be eligible for insurance under this Policy. The conditions are:
 1. written application must be made to and received by Sun Life Grepa Financial along with payment of the first premium, within 31 days after such termination;
 2. the policy may be any plan of life insurance, other than term, then usually issued by Sun Life Grepa Financial at the attained age, but without disability benefits;
 3. the premium must be at the customary rate Sun Life Grepa Financial charges for the class of risk and age to which he belongs on the effective date of the policy. If any portion of the group coverage being converted was subject to a rating under this Group Policy, Sun Life Grepa Financial shall apply the same rating in establishing the premium rates to be charged to the individual policy.
 4. the policy must be for the amount of group insurance cover on the Member or such lesser amount as the Member may elect, provided it meets Sun Life Grepa Financial's minimum requirements at the date of conversion; and
 5. the effective date of the policy must be the first day after the end of the 31 day conversion period
- (B) This Policy is terminated or amended. The conditions are:
 1. his insurance is terminated as a consequence of the policy amendment;
 2. all the conditions under paragraph A are complied with; and
 3. he has been insured under this Policy for at least 5 whole years.

Free Coverage During Conversion Period.

Whether or not the Member actually applied for conversion and pays the first premium, the amount of insurance he is entitled to convert shall remain in force during the 31-day conversion period

Note:

This document describes in general the insurance protection under the Policy as required under Sec. 228 of the Insurance Code. The full details are in the Policy and in the event of discrepancy or dispute, the provisions of the Group Life Insurance Policy shall rule.

The Member shall have the right to examine the Group Policy, a copy of which is held by the Policyholder.

Important Notice

The Insurance Commission, with offices in Manila, Cebu, and Davao, is the government office in charge of the enforcement of all laws related to insurance and has supervision over insurance companies. It is ready at all times to assist the general public in matters pertaining to insurance. For any inquiries or complaints, please contact the Public Assistance and Mediation Division (PAMD) of the Insurance Commission at 1071 United Nations Avenue, Manila with telephone numbers +632-5238461 to 70 and email address at publicassistance@insurance.gov.ph. The official website of the Insurance Commission is www.insurance.gov.ph.

Issued by Sun Life Grepa Financial, Inc. a joint venture of Sun Life Financial and the Yuchengco Group of Companies
221 Sen. Gil J. Puyat Ave., Makati City | TIN 000-460-716



Sun Life Grepa Financial, Inc.

A joint venture of Sun Life Financial and the Yuchengco Group of Companies

General Information

Group Policy Number: GL-2018/188-01 **Effective Date of Policy:** June 01, 2018

Policyholder: Rizal Commercial Banking Corporation (RCBC) **Control Number:**

Member: **Effective Date of Insurance:**

Plan of Insurance: **STANDARD PERSONAL ACCIDENT with ACCIDENT MEDICAL REIMBURSEMENT**

Accidental Death and Dismemberment (ADD)	100% of Initial Deposit or ADB
Accident Medical Reimbursement (AMR)	10% of ADD, max of P5,000

The amount of insurance is subject to the terms and conditions set forth in the GROUP PERSONAL ACCIDENT INSURANCE POLICY issued to the Policyholder. In the event of claim, Sun Life Grepa Financial, Inc. shall pay the Member, if living, otherwise, his beneficiary or beneficiaries the benefit stated in the Policy.


Richard S. Lim
President

Extract of Policy Provisions

Non-Participating.

This Policy is non-participating and does not share in the divisible surplus of Sun Life Grepa Financial.

Change of Beneficiary.

All nominations of beneficiaries are revocable unless otherwise stated by the Member in the form provided by Sun Life Grepa Financial. Any request for change of beneficiary must be in a written form and will take effect as of the date the Member signs and files the change with Sun Life Grepa Financial. If Sun Life Grepa Financial has taken any action or made payment prior to receiving notice of that change, the change of beneficiary will not affect any action or payment made by Sun Life Grepa Financial.

Irrevocable Beneficiary Designation.

The exercise by the Member of his privilege to revoke or change the beneficiary shall be subject to the consent of any beneficiaries designated as irrevocable beneficiaries while they exist.

Note:

This document describes in general the insurance protection under the Policy. The full details are in the Policy and in the event of discrepancy or dispute, the provisions of the Group Personal Accident Policy shall rule.

The Member shall have the right to examine the Group Policy, a copy of which is held by the Policyholder.

Important Notice

The Insurance Commission, with offices in Manila, Cebu, and Davao, is the government office in charge of the enforcement of all laws related to insurance and has supervision over insurance companies. It is ready at all times to assist the general public in matters pertaining to insurance. For any inquiries or complaints, please contact the Public Assistance and Mediation Division (PAMD) of the Insurance Commission at 1071 United Nations Avenue, Manila with telephone numbers +632-5238461 to 70 and email address at publicassistance@insurance.gov.ph. The official website of the Insurance Commission is www.insurance.gov.ph.

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