

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



Individual's Application for Group Insurance

1 General Information

Name (Last, First, Middle)	Date of Birth (Month/Day/Year)
Residence Address (building, no., street, municipality, city, province, country, zipcode)	Home Phone
	Mobile Phone

Name of Beneficiary (Last, First, Middle)	Date of Birth (Month/Day/Year)	Relationship to the Individual
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2 Declaration and Representations

I declare that I am between 18 to 65 years old; physically and mentally healthy; have never had any congenital birth disease, heart disease, high blood pressure, lung, kidney ailment, tumor, mass or cancer or any other physical impairment; have not undergone operations or hospitalized, nor been treated for any illness in the past twelve (12) months; actively performing my normal daily activities on a full-time basis and have not lost more than two (2) consecutive weeks of school or work.

I hereby authorize RCBC and Sun Life Grepa Financial Inc. to process my personal and sensitive information and to disclose such confidential, personal, and sensitive information, including relevant bank information on my account, age, gender and health, and to their affiliated third persons, entity or entities providing services on their behalf, to enable them to evaluate and assess my enrollment as well as to service my policy or policies and other insurance needs.

3 Signatures

By signing below, I confirm that all information indicated above are true and correct.
(Application is non-binding if no Signature of Depositor and Witness and Date of Signing.)

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

4 For Company Use Only

Policy No.	Control No.	Effective Date (Month/Day/Year)
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CONFIRMATION OF COVER

This confirms that the Rizal Commercial Banking Corporation (RCBC) client, whose name appears below, is covered under SUN LIFE GREPA FINANCIAL INC.'s (Sun Life Grepa Financial) Group Yearly Renewable Term (GYRT) Policy No. 007/144-00 issued to RCBC.

Group Policy Effective Date	: January 1, 2018
Policyholder's Name	: RCBC
Proof of Cover No.	: _____
Member	: _____
Member's Effective Date of Insurance	: _____
Beneficiary	: As named in the application.
Initial Amount of Insurance	: 300% of Initial Deposit or ADB, maximum of P2,000,000.00
Plan of Insurance	: GYRT
Initial Premium	: Premiums are paid for by RCBC.

The amount of insurance is subject to the terms, provisions and limitations of the said Policy.

Upon receipt and approval of due proof/s of death of the Member, Sun Life Grepa Financial shall pay the amount of insurance of the Member to his designated beneficiary.

Note: The initial deposit, to be determined by the Policyholder for each of the Eligible eWoman depositor and officially reported to Sun Life Grepa Financial, shall be used as the basis in calculating the Amount of Insurance for the whole duration of the six (6) month coverage regardless if his deposit increased or decreased during this six (6) month coverage. The outstanding deposit at the end of the six (6) months' period shall be reported by the Policyholder to Sun Life Grepa Financial as this will be considered in determining the Amount of Insurance to take effect on the succeeding period of coverage.

If the Member fails to sustain the minimum maintaining balance required by the Policyholder or closes his account during the six (6) month coverage, Sun Life Grepa Financial will return the unearned premiums to the Policyholder.

Extract of Policy Provisions

Notice and Proof of Claim

Written notice of claim must be submitted to Sun Life Grepa Financial within thirty (30) days from date of death. Such notice given by the beneficiary to Sun Life Grepa Financial, with information sufficient to identify the Member shall be deemed to be notice to Sun Life Grepa Financial. Proof of claim must be submitted not later than ninety (90) days from date of death. All certificates, information and evidence required by Sun Life Grepa Financial shall be furnished at the expense of the Member's beneficiary.

Failure to submit the written notice and proof of claim within the time limits shall not invalidate or reduce any claim if it shall be shown not to have been reasonably possible and was submitted as soon as was reasonably possible.

Availability of Master Policy

The Group Master Policy shall be kept in the Policyholder's main office. The electronic copy of the Group Policy Contract shall be made available to the Members for their inspection in the Policyholder's website.

Data Privacy and Authorization.

By availing of an insurance coverage under this Policy, the Member acknowledges that Sun Life Grepa Financial, its employees, duly authorized representatives, related companies, third party service providers and vendors, shall process and share his and his designated beneficiary/ies' personal information, with any person or organization to (i) service this Policy; (ii) process claims and enforce the contract; and (iii) pursue its legitimate and lawful rights and interests and other purposes allowed under privacy laws and regulations. Personal information shall be retained throughout the existence of the Policy and/or until expiration of the retention limit set by laws and regulations from termination and the period set for destruction or disposal of records. Sun Life Grepa Financial's privacy policy may be found in https://www.sunlifegrepa.com/upload/files/Sun_Life_Grepa_Policy_Privacy_Statement.pdf.

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 Policy shall rule.

For further inquiries, please contact our RCBC Customer Care at telephone number 8877 RCBC (8877 7222) and our Customer Care Representatives will be most pleased to assist you. You may also write us at customercare@rcbc.com.

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.