

ENROLLMENT FORM

Full Name: _____

Date: _____

Branch: _____

I/We would like to become a member of:

	Membership Type	Eligible Clients	Required Minimum Total Average Daily Balance
<input type="checkbox"/>	Hexagon Club Privilege	Retail/Individual	P100,000
<input type="checkbox"/>	Hexagon Club Priority	Retail/Individual	P1,000,000
<input type="checkbox"/>	Hexagon Club Prestige	Corporate	P500,000

Admission to Hexagon Club Privilege/Priority membership will entitle the member to apply for a RCBC Hexagon Club credit card. If you are not interested, please tick the box below:

No, I/we do not want to apply for a RCBC Hexagon Club credit card.

TERMS AND CONDITIONS

1. An individual/corporate member must maintain the required minimum total average daily balance (ADB) indicated above in his/her/its RCBC savings and checking account/s in order to keep his/her/its Hexagon Club membership.
2. On a periodic basis, RCBC may review the account to determine the member's compliance with the ADB requirements for his/her/its membership type. RCBC may, upon prior notice, upgrade or downgrade a member's membership type to the variant that corresponds to his/her/its actual ADB. Corresponding charges may be imposed to the account subject to pertinent laws and regulations.
3. Membership to Hexagon Club entitles the member to perks and privileges ("Club Perks"), as indicated in RCBC's website (www.rcbc.com). The member acknowledges receipt of information on Club Perks and the conditions by which each Club Perk may be used. RCBC may also make such information, and any updates to such information, available (a) on RCBC's website and/or (b) through communications sent to the member's registered contact information. The member undertakes to refer to the website and to monitor communications received from RCBC for updates and details on Club Perks.
4. Club Perks are provided by RCBC, RCBC's affiliates and subsidiaries, or by third parties selected by RCBC. The member authorizes RCBC to use or process his/her/its account and personal/corporate information and/or disclose such information to the said affiliates, subsidiaries or other third parties, as applicable, to the extent necessary to make such Club Perks available to the member. The member may retract his/her/its consent to share information under this clause by terminating his/her/its membership to Hexagon Club by informing his/her/its branch of account.
5. Unless otherwise specified by RCBC, Club Perks are (a) subject to availability and are offered only while stocks last; (b) allotted upon admission of a member to Hexagon Club and on January 1st of each calendar year; (c) shall expire on December 31st of each calendar year, regardless of the date on which a member is admitted to Hexagon Club and whether or not such Club Perk has been used or redeemed by the member; (d) are non-cumulative, non-transferable, non-exchangeable, non-refundable, and cannot be exchanged for cash; and (e) may be subject to further terms and conditions as to use, redemption, and member qualifications. RCBC may add, discontinue, and/or replace a Club Perk with another of equivalent value and nature during each annual allotment, subject to prior notice to the member where required by any applicable law, rule or regulation.
6. The member hereby agrees that RCBC and its offices, branches, subsidiaries, affiliates, agents, representatives and authorized third parties may, from time to time, send or communicate with the member via SMS, email and/or other means available in the future for reminders, notices, promotional advertisements/campaigns concerning the account/s of the member and other bank products and services.
7. The member hereby agrees that all notices and communications are deemed to have been duly received by him/her/them if hand delivered to or sent by registered mail to the address that he/she/it had provided to RCBC, or if sent by email and/or by other means available in the future. The member also agrees that he/she/it will be deemed notified of any changes in relation to his/her/its account/s if such changes are either duly posted in conspicuous places in RCBC branches, published in a newspaper, or sent by registered mail, SMS, email or other means available in the future.

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8. In case the member is unable to comply with or attempts to breach any of these Hexagon Club Terms and Conditions, RCBC shall have the right to (a) downgrade or revoke his/her/its membership at any given time; (b) reverse or withhold (as applicable) any Club Perk allotted to, redeemed by, or otherwise used by such member; and (c) where applicable, charge the corresponding monetary value of any redeemed or used Club Perk against such member's accounts and/or other properties in RCBC's possession.

9. Similarly, RCBC may reinstate members as it sees fit. Reinstatement may only be done at the end of the calendar year and will be effective on the next calendar year.

10. These Hexagon Club Terms and Conditions may be modified, amended, added, deleted or varied from time to time by RCBC subject to prior notice to members by way of posting on RCBC's website, or in any manner deemed suitable by RCBC and authorized by applicable laws and regulations. The member undertakes to access the RCBC website regularly to view these Hexagon Club Terms and Conditions. RCBC shall not be liable for any consequential or indirect damage or for any loss of value or benefits that may arise as a result of any changes made to these Hexagon Club Terms and Conditions, except if such damages or losses directly arose from the Bank's sole fault or gross inexcusable negligence.



11. The member hereby agrees that, when RCBC amends these Hexagon Club Terms and Conditions, the then-current version of these Hexagon Club Terms and Conditions supersede all prior versions and govern the member's account/s and/or membership herein. The member hereby acknowledges and agrees that, by keeping his/her/its account/s open and using the same, as well as continuing to enjoy his/her/its membership and availing of Club Perks, he/she/it is deemed to have accepted and agreed to any and all changes that RCBC may hereafter make to these Hexagon Club Terms and Conditions and to be bound by the same. The member further understands that if he/she/it does not agree with said changes, he/she/it may close his/her/its account/s and/or terminate his/her/its membership as provided in these Hexagon Club Terms and Conditions.

12. This membership and the pertinent account shall likewise be subject to the pertinent Terms and Conditions applicable to the deposit accounts of RCBC.

By signing below, I/we hereby acknowledge having read and clearly understood the foregoing Terms and Conditions, a copy of which is readily available to me/us in the RCBC website, and agree to be bound by the same as I/we join RCBC's Hexagon Club. I/we also confirm that all the information indicated above is true and correct.

CLIENT/S FULL NAME AND SIGNATURE:

DATE:

(Portion below to be filled up by branch personnel ONLY)

CIF:

Signature Over Printed Name of Authorized Branch Personnel

Date

Individual's Application for Group Insurance (Health Declaration)

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

In this application, *you* and *your* refer to the person being insured whose information we are processing or disclosing. *We, us, our* and *the Company* refer to Sun Life Grepa Financial, Inc.

PRINT clearly. Use BLACK ink. Indicate N/A if question is not applicable.

1 General Information

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"/> Legally Separated		
Middle Name		Date of Birth (day/month/year)		
Present Residence Address No., Street, Village/Subdivision, Barangay (P.O. Box is not acceptable)		City/Municipality	Province/State	Country
				Zip Code
Home Phone No. <small>(country code, area code, PTE no. & tel. no.)</small>	Work Phone No. <small>(country code, area code, PTE no. & tel. no.)</small>	Mobile Phone No. <small>(country code & mobile no.)</small>	E-mail Address	

Beneficiary(ies)

Full Name (Last Name, First Name, Middle Name)	Date of Birth (day/month/year)	Relationship to Member

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

2 Health Declaration

You are between eighteen (18) to sixty-five (65) years old; physically and mentally healthy, have never had any congenital birth disease, heart disease, high blood pressure, lung or 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.

3 Signatures

By signing, you acknowledge/agree that:

- The answers and declarations made on this application are complete and true.
- Your insurance shall become effective in accordance with the terms and conditions of the group policy for which this application is made provided that you are Actively-At-Work or actively performing normal daily activities on a full-time basis and have not lost more than two (2) consecutive weeks work as of the effective date of your insurance coverage and the premium corresponding to your insurance coverage has been paid.
- The Company shall process your personal data to: a) evaluate your application and administer your account; b) process transactions and enforce/fulfill contractual rights/obligations; c) improve the provision of products and services (including improvement in systems and business processes, data analytics, automated processing, etc.); d) comply with legal obligations, as well as laws and regulations (domestic or foreign); and e) manage risks and pursue its legitimate interests, including verification and obtaining additional personal data from third party sources. The Company may disclose your personal data to its affiliates, service providers, and other third parties for processing consistent with the foregoing purposes, who shall be bound by contractual or other reasonable means to protect your personal data.
- Your personal data shall be retained for the duration of your coverage under your plan or existence of your account(s) and/or upon the later of the expiration of the retention limit set by Company standards, laws and regulations, counted from account closure. You certify that you understand and agree with the declarations and authorizations above and the Company's privacy policy at <https://www.sunlifegrepa.com/LegalPrivacySecurity.aspx>.
- You will indemnify, hold free and harmless the Company, its affiliates, directors, employees, legal representatives, and assignees against loss and damage from any claims and/or actions made by any third person including the parties to the policy or their representatives in relation to the processing of this application form.

Signature of Member	Full Name of Member	
Signature of Witness	Full Name of Witness	Company Name
Place of Signing	Date of Signing (day/month/year)	

