



ENROLLMENT FORM

Full Name: _____

Date: _____

Branch: _____

I/We would like to become a member of Hexagon Club.

TERMS AND CONDITIONS

1. An individual/corporate member must maintain a total average daily balance (ADB) of at least P100,000/P500,000 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 perform review of the account to ensure ADB is still within standards to qualify for the membership to the Hexagon Club. Corresponding charges may be imposed to the account subject to pertinent laws and regulations.
3. RCBC may use, disclose and share the member's personal/corporate information, including bank account information, as deemed applicable, with other YGC subsidiaries and affiliates, as well as selected third parties as my application for selected products and services which are relevant and related to the perks and privileges for his/its membership including but not limited to product/service improvements/upgrades, data analytics and related automated processes as part of RCBC's initiatives to further improve its services in relation to the Hexagon Club membership. The member hereby waives any and/or all rights to confidentiality, including but not limited to bank secrecy laws and data privacy, as may be necessary and relevant for RCBC, other YGC subsidiaries and affiliates, as well as selected third parties to process his/its application and to provide the perks and privileges for his/its membership.
 No, I/we do not agree to have my/our account's/customer's information used for the purpose of applying for an RCBC Bankard Hexagon Club credit card.
4. Vouchers for the perks and privileges will be sent together with the welcome kit. These must be presented to any RCBC Branch when availing of the perks and privileges.
5. RCBC will not be liable for any lost vouchers. Lost vouchers will not be replaced and the value thereof will be forfeited. Availment of all perks and privileges shall be in accordance with the guidelines set by RCBC and/or its partners.
6. Vouchers are deemed used once they are surrendered by the member to RCBC in exchange for the chosen freebie/reward.
7. RCBC is not liable for any perks and privileges that are not available at the time of availment.
8. The complete list of perks of Hexagon Club's perks and privileges can be found in RCBC's website.
9. 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.
10. 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.
11. In case the member is unable to comply with any one of the Hexagon Club Terms and Conditions above and/or for such grounds as may be determined by RCBC on its own discretion, RCBC reserves the right to revoke his/her/its membership at any given time.

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12. 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.

13. These Hexagon Club Terms and Conditions may be modified, amended, added, deleted or varied from time to time by RCBC in its sole and absolute discretion without prior notice, by way of posting on RCBC’s website, or in any matter deemed suitable by RCBC. 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.

14. 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 the perks provided therefor, 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.

15. 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 forgoing Terms and Conditions 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) | |

