

Investor Information Form

Sun Life Centre, 5th Avenue, corner Rizal Drive, Bonifacio Global City, 1634 Taguig City, Philippines
For inquiries, please call (632)849-9888 or e-mail sunlink@sunlife.com



Sun Life Prosperity Funds are managed and distributed by Sun Life Asset Management Company Inc. ("SLAMCI"), a member of the Sun Life Financial group of companies.

PRINT clearly. Use BLACK ink. Indicate N/A if question is not applicable. Do NOT leave any portion BLANK.

1 Principal Investor

Last Name First Name Middle Name

Other Legal Names Male Mr. Mrs.
 Female Miss Others, specify _____

Single Married Birthplace (City/Province and Country) Birthdate (day/month/year)
 Widowed Legally Separated

Citizenship/s Country/ies of Legal Residence other than the Philippines

ID Presented ID No. ID Expiry Date TIN

SSS No. or GSIS No. Explain if there is no TIN, SSS or GSIS No.

Permanent Residence Address (no., street, municipality/city, province, country, zip code) *P.O. Box is not acceptable*

Present Residence Address (no., street, municipality/city, province, country, zip code) *P.O. Box is not acceptable*

Home Phone (country code, area code & tel. no.) Work Phone (country code, area code & tel. no.) Mobile Phone (country code & mobile no.) E-Mail Address

Primary Occupation/Position or Rank

Name of Employer Nature of Business (*Indicate product or service*)

Business Address (building, street, municipality/city, province, country, zip code) *P.O. Box is not acceptable*

Other Occupations (including military, appointed or elected government or political positions) Annual Income

For joint accounts, please choose one:
 AND (all signatures must be present for all transactions)
 OR (any of the signatures may be present for all transactions)



2 Co-Investor (if applicable)

Last Name First Name Middle Name

Other Legal Names Male Mr. Mrs.
 Female Miss Others, specify _____

Single Married Widowed Legally Separated Birthplace (City/Province and Country) Birthdate (day/month/year)

Citizenship/s Country/ies of Legal Residence other than the Philippines

ID Presented ID No. ID Expiry Date TIN

SSS No. or GSIS No. Explain if there is no TIN, SSS or GSIS No.

Permanent Residence Address (no., street, municipality/city, province, country, zip code) *P.O. Box is not acceptable*

Present Residence Address (no., street, municipality/city, province, country, zip code) *P.O. Box is not acceptable*

Home Phone (country code, area code & tel. no.) Work Phone (country code, area code & tel. no.) Mobile Phone (country code & mobile no.) E-Mail Address

Primary Occupation/Position or Rank

Name of Employer Nature of Business (*Indicate product or service*)

Business Address (building, street, municipality/city, province, country, zip code) *P.O. Box is not acceptable*

Other Occupations (including military, appointed or elected government or political positions) Annual Income

Use additional sheet if there are more co-investors

3 In Trust For (ITF)

Name of Minor Beneficiary (if applicable)
 Last Name First Name

Relationship to Principal Investor Birthplace (City/Province and Country) Birthdate (day/month/year)

Note: A Confirmation of Trust Agreement must be submitted for all ITF accounts.

4 Institutional Account

Company/Business Name

Country of Incorporation or Business Registration Type of Business Sole Proprietorship Corporation Partnership Others _____ TIN

Contact Person

Designation

Business Address (building, street, municipality, city/province, country, zip code) *P.O. Box is not acceptable*

Business Phone (country code, area code & tel. no.)

E-mail Address

5 Mailing Address

Use address as shown in *(Check one)*:

- | | |
|--|---|
| <input type="checkbox"/> Permanent Residence of Principal Investor | <input type="checkbox"/> Permanent Residence of Co-Investor |
| <input type="checkbox"/> Present Residence of Principal Investor | <input type="checkbox"/> Present Residence of Co-Investor |
| <input type="checkbox"/> Business address of Principal Investor | <input type="checkbox"/> Business address of Co-Investor |

6 Electronic Transactions

How would you like to receive the Statement of Account (SOA)? *Check one.*

- Sunlink online Printed Copy

If no option is selected, you will automatically receive printed copies.

7 Facsimile Transactions

I am authorizing SLAMCI to process and treat all faxed documents bearing my signature as original documents. I understand that this facility is not applicable to my initial investment/s and subsequent transactions with issued share certificates in any of the Funds, and that this facility is only applicable to my subsequent subscriptions, transfers or redemptions upon receipt by SLAMCI of faxed documents and forms bearing my signature.

8 Third Party Determination (to be filled-out by the Mutual Fund Representative only)

Is there any Third Party who: funds any of the investment? Yes No
has access, use or any kind of financial interest in the account (e.g. as beneficial owners)? Yes No

If there is a Third Party, provide details below:

Name

Permanent Address

TIN

Citizenship/s

Country/ies of Legal Residence other than the Philippines

Occupation

Use additional sheet if there are other third parties.

If the Third Party is an entity, provide additional details below.

Type of Entity (e.g. stock corporation/partnership)

Nature of Business

Country of Registration

Registration Number

Declarations of Investor

I/We hereby attest and acknowledge that:

1. The information given and disclosed in this form and the documents I/we presented are true, correct and complete and I/we have made no statement to the advisor or any other person associated with SLAMCI which modifies the answers and statements on this application. I/We shall notify SLAMCI in writing and provide the required details or documents within thirty (30) days from a change of my/our circumstances or any of my/our material information (including, but not limited to, contact numbers, place of residence, citizenship and other circumstances as defined under applicable laws) which results in SLAMCI being subject to tax reporting and withholding requirements under local and/or foreign laws applicable to me/us or my/our account (such as the US Foreign Account Tax Compliance Act).. My/Our failure to accomplish the foregoing gives SLAMCI the right to exercise any of the following: a) continue the account on the same terms and conditions; b) continue the account on the same terms and conditions and deduct from it any amounts that SLAMCI has to withhold under the applicable laws; or c) terminate the account.
2. I/We have received, read, and understood the most recent copy of the Funds prospectuses and financial statements. I/We undertake to read the most recent copy of the proper Funds prospectus prior to making any investment. I/We understand that any investment I/we make shall be subject to the terms and conditions set out in the Funds prospectuses.
3. I/We authorize SLAMCI to collect, process, use, store and destroy my/our personal and sensitive personal information and any information related to me/us in relation to this application as well as its sharing, transfer and/or disclosure to SLAMCI, its subsidiaries, affiliates and related companies, agents and representatives, industry associations and third parties such as but not limited to outsourced service providers, external auditors, and local and foreign regulatory authorities in relation to any matter including but not limited to those involving anti-money laundering and tax monitoring, review and reporting, statistical and risk analysis, provision of any products, service, or offers made through mail/email/fax/SMS/telephone, customer satisfaction surveys; compliance with court and other lawful orders and requirements. I/We shall hold SLAMCI free and harmless from any liability that may arise from any transfer, disclosure, processing, collection, use, storage or destruction of said information.
4. SLAMCI has the right to strike out my account or investment for being invalid and charge such with irregular sales load charges should SLAMCI at any given period of time verify that I/we had submitted invalid information in this application or in any subsequent transaction.
5. SLAMCI has the right to modify or terminate any privileges to the Funds' investors at any time.

Signature of Principal Investor X	Date of Signing (day/month/year)	Signature of Co-Investor (if any) X	Date of Signing (day/month/year)
Authorized Signatories for Institutional Accounts (Please sign once) X		X	
X		X	
X		X	

Declarations of Mutual Fund Representative

I hereby attest that:

1. I have obtained satisfactory evidence to establish the veracity of the information in this form and the true identity of the Investor;
2. I have performed the appropriate Know-Your-Investors process in accordance with the Anti-Money Laundering laws and policies of the Company. Should there be any adverse change in my opinion regarding the integrity or reputation of the investor, I shall inform the Company's Money Laundering Reporting Officer immediately; and
3. I understand and acknowledge, and had advised the Investors, that transactions will only be processed upon submission of complete information and documentary requirements.

Name of Mutual Fund Representative	Representative's Code	Signature of Mutual Fund Representative	Date of Signing (day/month/year)
------------------------------------	-----------------------	---	----------------------------------