Request for Premium Offset

Sun Life Financial

Please PRINT clearly.
Use BLACK ink.

In this form, *you* and *your* refer to the policy owner and endowment beneficiary, if applicable, while *we, us, our* and *the Company* refer to Sun Life of Canada (Philippines), Inc., a member of the Sun Life Financial group of companies.

You hereby request the Company to deduct the annual premium due and the premium due every year thereafter fom the dividends and accumulated endowment benefits, if applicable, of your policy indicated below.

1 General Information

Policy Owner (Last Name, First Name, M.I.)	
Policy Number	Effective Date of Change (day/month/year)

2 Premium Offset Option to use

Please check appropriate box. ( ) dividends ( ) dividends and accumulated endowment benefits

3 Signatures

You understand that your policy's premium offset option is a dividend-based, non-guaranteed feature and is dependent on the following:

1. continuance of the current dividend scale and rate of interest which is not guaranteed and may change in the future;
2. there will be no loans or advances; and
3. no dividend withdrawals nor withdrawals of the accumulated endowment benefits, if applicable, are made on this policy.

Whether there will be dividends (that may be used for premium offset) depends on the Company's future dividends performance, which in turn is determined by a number of factors with the Company's investment return normally being the main determinant. Other factors may include mortality experience, taxes, inflation, policyowner termination experience, and policy expenses. That being the case, it is possible that even after you have elected this option, you may be required, at some point in the future, to resume paying policy premiums in cash because of insufficiency of future dividends.

A change in the accumulation rate may also require you, at some point in the future, to pay additional premiums to maintain the policy.

This section must be signed by the policyowner for Premium Offset requests using dividends alone, and by the policyowner and endowment beneficiary/ies for Premium Offset request using dividends and accumulated endowment benefits.

Signature of Policy Owner X	Printed Name
Signature of Endowment Beneficiary, if any X	Printed Name
Place of Signing	Date of Signing (day/month/year)
Signature of Witness X	Printed Name
Place of Signing	Date of Signing (day/month/year)

4 For Company Use Only