

Request for Change in Premium Rate Basis



Please PRINT clearly.
Use BLACK ink.

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

You hereby request that the Company recalculate the premium rate basis for the policy indicated below subject to our evaluation of the answers to the questions in the Declaration Section.

1 General Information

Please complete if the life insured is not also the policy owner.

Policy Owner (Last Name, First Name, M.I.)	
Life Insured (Last Name, First Name, M.I.)	
Policy Number	NBO

2 Declaration

This section must be answered by the life insured, if not also the policy owner. The life insured must also undergo a Cotinine test.

1. Within the last 12 months, has the life insured used tobacco or nicotine products in any form? Yes No
(If Yes, please fill out the appropriate box with the average number of sticks per day)

Cigarettes	Cigars	Tobacco	Chewing tobacco	Other tobacco used	Last used: month & year
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2. Is the life insured presently disabled by illness, injury or otherwise prevented from performing on a full time basis any of the duties of his/her occupation?..... Yes No
3. Has the life insured ever had, or been told he had, or sought advice for : (*encircle appropriate item*)
- a) chest pain, stroke, high blood pressure, heart attack or any disease of the heart?.... Yes No
 - b) asthma , chronic cough or lung disorder?..... Yes No
 - c) diabetes, cancer, tumor or kidney disorder?..... Yes No
 - d) ulcer, colitis or liver disorder?..... Yes No
 - e) acquired immune deficiency syndrome (AIDS) or presence of HIV?..... Yes No
4. Is the life insured under treatment on diet, medicine or any other means?..... Yes No

Give full details of all "Yes" answers in the space provided for.

Question	Physician's Name and Address	Date Seen	Reason for Visit or Diagnosis	Advice or Treatment Received

3 Signatures

By signing below, you hereby declare that to the best of your knowledge and belief, the above answers are full and true; and agree that this request, if approved, with the answers given in any other declaration which may be required by the Company relating to the insurability of the life insured or to the change of the policy, shall be the basis of that change. You also agree that this request, together with any declaration, will form part of the changed policy.

This section must be signed by the policy owner and the life insured, if not also the policy owner. Please indicate date of signing after each signature.

Signature of Policy Owner X	Printed Name
Signature of Life Insured, if other than Owner X	Printed Name
Signature of Witness X	Printed Name

4 For Company Use Only

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