

# Variable Life Insurance - Request for Fund Switching/Allocation and Excess Premium Form



In this form, "you" and "your" refer to person(s) whose information we are processing or disclosing. 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 effect the change/s indicated below, subject to the policy's relevant terms and conditions.

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

Policy Owner (Last Name, First Name, M.I.)	
Life to be Insured (Last Name, First Name, M.I.) <i>if different from Policy Owner</i>	Policy Number

## 1 General Information

### 1.1 Information about the Policy Owner Individual Assignee

Name (Last Name, First Name, M.I.)			
Citizenship		Country/ies of Legal Residence other than the Phils.	
Mailing Address <input type="checkbox"/> Present <input type="checkbox"/> Permanent <input type="checkbox"/> Others, specify _____			
Present Residence Address No., Street, Municipality/City, Province, Country, Zip Code <i>(P.O. Box is not acceptable)</i>			
Permanent Residence Address No., Street, Municipality/City, Province, Country, Zip Code <i>(P.O. Box is not acceptable)</i>			
Home Phone (Country Code, Area, Tel. No.)	Work Phone (Country Code, Area, Tel. No.)	Mobile Phone (Area, Tel. No.)	Email Address

### 1.2 Information about the Institutional Assignee (e.g. bank, company)

Company/Business Name	
Authorized Signatory/ies (Last Name, First Name, M.I.)	Designation
1. _____	_____
2. _____	_____
Business Address Building, Street, Municipality/City, Province, Country, Zip Code <i>(P.O. Box is not acceptable)</i>	
Business Phone (country code, area code & tel. no.)	Email Address

## 2 Details of Change(s) Requested

### I. Fund Switching Full Partial

Switch from (Fund Name)	Amount or Percentage to be switched	Switch to (Fund Name)	Amount or Percentage

Note: The amount to be switched must not be less than minimum amount determined by the Company. The fund switching is subject to the existing administrative rules set by the Company.



**2** Details of Change(s) Requested (continuation)

**II. Change of Fund Allocation Instruction for Future Deposits/Premiums**

For Peso and US Dollar currencies - please indicate % after the desired fund. Total should be 100%.

For MyFuture Fund, please indicate maturity year, e.g. "MyFuture Fund (2020)."

For Philippine Peso Currency		For US Dollar Currency	
Fund Name	Percentage Allocation	Fund Name	Percentage Allocation
	%		%
	%		%
Total	100 %	Total	100 %

Note: Payment made BEFORE changing the fund allocation will be invested based on the previous fund allocation. Payment made AFTER changing the fund allocation will be invested based on the new fund allocation.

**III. Change Relating to Excess Premium**

<p><b>For Single Pay:</b></p> <p>Currency:        <input type="checkbox"/> US \$    <input type="checkbox"/> Php</p> <p>Pay Amount Of:        _____</p>	<p><b>For Regular Pay:</b></p> <p>Currency:        <input type="checkbox"/> US \$    <input type="checkbox"/> Php</p> <p><input type="checkbox"/> Add to regularly-billed Premium        _____</p> <p><input type="checkbox"/> Change regularly-billed Excess Premium to        _____</p> <p><input type="checkbox"/> Cancel the regularly-billed Excess Premium</p>
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Note: Excess premium will be invested according to the existing Fund Allocation Instruction

**3** Acknowledgment and Agreement

This section must be signed by the policy owner, assignee and all of the nominated irrevocable beneficiaries and witnessed by an Advisor or Staff of Sun Life of Canada(Philippines), Inc. If signed before a disinterested witness, please have the form notarized by a notary public by affixing his/her signature and official seal at the back of this form. If this form is signed outside the Philippines, please have the form authenticated by the nearest Philippine Consul in your locality. If the policy owner or irrevocable beneficiary is a minor (less than 18 years of age) or incompetent, the legal guardian should sign on his/her behalf. Additional documents may be required from the said guardian. If any of the irrevocable beneficiaries has passed away, additional documents may be required.

By signing below, you hereby declare and agree that:

- a) the request applied for is based on your own judgment and you have not relied on any advice provided by your advisor;
- b) to the best of your knowledge, all information you have provided in this form are complete and true.

You also understand and agree that

- c) the change/s applied for shall only take effect when (i) any required payment is paid in full and (ii) the request for change(s) applied for is approved, during the lifetime of the life insured;
- d) a copy of this request, and any other relevant document(s), will form part of the policy;
- e) any Suicide Provision and any Incontestability Provision in the General Provisions of the policy will apply to the additional benefits and/or Excess Premiums added to the policy as a result of this request, effective from the date hereof;
- f) the Company may correct errors or omissions made in the completion of this form.

**Changes to Material Facts or Personal Information**

In compliance with local and foreign regulatory requirements, you agree to inform us within thirty (30) calendar days of the change in your circumstances, which makes any information on a document incorrect, and provide a new or updated identification document. Those clients with U.S. address, contact information or certain indicia of U.S. Person will be required to submit a government-issued identification document and complete a Form W-9, W-8BEN or W-8BEN-E, which will be sent to you via mail/email.

With regard to the above, you agree that when we are required by law, regulation or otherwise to provide all information on your local and/or foreign tax status and your account(s), we may disclose such information to competent authority or its delegate involved in processing, collecting, transferring or disclosing the relevant information. Where a separate waiver is required to provide the required information to competent authority or its delegate, you undertake to provide a waiver in a format acceptable to us.

**Data Privacy**

By signing, you allow us to process and disclose your personal data to third parties so that we can better help you meet your lifetime needs.

If you need more information about our privacy policy, please visit <https://apps.sunlife.com.ph/privacy>.

### 3 Acknowledgment and Agreement (continuation)

Signature of Policy Owner X		
I.D. Presented	I.D. Number	I.D. Expiry Date
Signature of Witness X		
Printed Name		
Address of Witness (no., street, municipality/city, province, country, zip code)		
Place of Signing	Date of Signing	

Signature of Assignee X		
Printed Name		
I.D. Presented	I.D. Number	I.D. Expiry Date
Signature of Assignee X		
Printed Name		
I.D. Presented	I.D. Number	I.D. Expiry Date
Signature of Witness X		
Printed Name		
Address of Witness (no., street, municipality/city, province, country, zip code)		
Place of Signing	Date of Signing	

Signature of Irrevocable Beneficiary, if any X		
Printed Name		
I.D. Presented	I.D. Number	I.D. Expiry Date
Signature of Irrevocable Beneficiary, if any X		
Printed Name		
I.D. Presented	I.D. Number	I.D. Expiry Date
Signature of Witness X		
Printed Name		
Address of Witness (no., street, municipality/city, province, country, zip code)		
Place of Signing	Date of Signing	

### 4 New Signature Specimen

This section must be completed by the Policy Owner/Assignee if there is a change in signature.

Please provide 2 specimens of your new signature on the space provided.

(New) Signature X	(New) Signature X
Signature of Witness X	
Printed Name	
Address of Witness (no., street, municipality/city, province, country, zip code)	
Place of Signing	Date of Signing

*By affixing the above specimen signature, you hereby authorize the Company to honor and effect transactions on the basis hereof.*

### 5 Notarization

This is to be completed by a Notary Public if the form is not witnessed by a Sun Life of Canada (Philippines), Inc. advisor or staff.

SUBSCRIBE AND SWORN to before me this \_\_\_\_\_ day at \_\_\_\_\_ Philippines,  
 affiant having exhibited to me his/her (valid ID) \_\_\_\_\_ issued on \_\_\_\_\_  
 at \_\_\_\_\_

Doc No.: \_\_\_\_\_

Page No.: \_\_\_\_\_

Book No.: \_\_\_\_\_

Series of \_\_\_\_\_