

Certification re New Signature



Please PRINT clearly.
Use BLACK ink.

In this form, *you* and *your* refer to the person insured and 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.

1 General Information

Please check appropriate box. Relating to the life insured (if not also the policyowner) policyowner

Name (Last, First, Middle)	Policy No.
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2 Certification

Please check appropriate box with corresponding document on which the old signature appears.

By signing below, you hereby certify that you are the same person who signed the following documents:

- Part I of Application for this policy
- Application for Conversion
- Personal Certificate of Insurability
- Others:

As proof, you are hereby presenting to the Company originals of the following IDs on which your new signature appears; photocopies of which are attached to this certification for our file and reference.

Type of ID	ID Number	Issuer	Issue Date

Place of Signing	Date of Signing (day/month/year)
(New) Signature X	Printed Name

3 Additional New Signature Specimen

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

(New) Signature X	(New) Signature X
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4 For Company Use Only

To be completed by the agent or Customer Services Department's staff who has seen or examined the original documents. Please indicate the date of signing after the signature.

I have examined the original IDs enumerated above. I have compared the attached photocopies with original documents and hereby certify these to be the true and correct copies of the original IDs.

Signature X	Printed Name
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This portion is for the use of the Client Services Department only.