Beneficiary Change Request (Pre-Need Plan)



In this form you and your refer to the planholder, while we, us, our, and the Company refer to Sun Life Financial Plans, Inc., a member of the Sun Life Financial group of companies.

Purpose of the form:

This form is used to change the designated beneficiaries who will receive the benefits in the event of the planholder's death.

IMPORTANT NOTES:

You must accomplish and submit the completed form and a copy of your valid ID through any of our Client Service Centers or email to sunlink@sunlife.com.

Please write legibly using capital letters. Write N/A if question is not applicable. Mark the box(es) with an "X" to indicate your choice(s) then sign the form only when completely filled out.

This form is used only after the plan agreement has been issued.

A Ge	neral Information													
1. Plan I	Number(s)													
For Indivi	dual Planholder													
Last I	Name													
First l	Name												M.I.	
For Compa	any/Business Planholder													
	pany or less Name													
Basin	ress rame													
В Ве	neficiary Change Deta	ils												
Reminder	:													
A ber	neficiary who is a minor	will be subject to	o all the laws _l	orotecting	minors. T	his inclu	ıdes t	he represe	ntatio	n by	a guard	lian as p	rovided	by law.
	Beneficiary(-ies)	1		move Ben		-							nformat	
	ed to items 2 to 17, then 21 and onwards	complete		oceed to ite nplete iter							o item 2 iwards	0, then	complet	e items
B.1 Ad	d Beneficiary(-ies)													
	nplete the needed inform	nation below to	add beneficia	v(-ies) to	vour polic	V.								
Beneficiar					, 1	•								
2. Nam	e (Last Name, First Name, M.I.))/Company or B	usiness Name											
3. Birth	date/Date of Incorpora	tion or Business	Registration							4.	Designa	ation		
1	3-AUG-2008)	and it of business	registration	Day	Mor	nth _	_	Year			_	ocable/	les.	evocable
								11. (1.)			Ke	OCable	III 0	evocable
5. Cour	ntry of Birth/Incorporati	ion or Business F	Registration	6.	Citizensi	nip(s)/N	latior	nality(-ies)						
7. Relat	ionship to the life insure	ed					8.	Beneficiar		е				
F	ather Mother	Employer	Others, s	pecify				Primar Contir	•	[in the	e event of	death of a	l primary be	eneficiary(-ies)]
9. Addr	ess [No., Street, Village/Subd	livision, Barangay, City	//Municipality, Pro	ovince/State,	Country (P.0	O. Box is r	ot acc	eptable)]						

Ben	efic	iary#	2																												
10.	Na	ame (La	ast Nam	ne, First N	ame, M	.I.)/Co	omp	any (or Bu	ısine	ess N	ame																			
																							1								
11.		rthdate g. 08-AU		e of Inc	orpor	ation	or l	Busir	ness	Regi	strati	ion	[Day		Mo	onth			Y	ear		12	. De	esign	atior	1				
	(e.g	g. 06-A0	G-2006	9)															-						Re	voca	ble		Irrev	ocab	le
13.	Co	ountry	of Bir	th/Inco	orpora	tion (or B	usine	ess R	egis	tratio	on		14	. Cit	izen	ship(s)/N	latio	nalit	y(-ies	5)									
15	Re	elation	shin t	o the pl	anhol	der													16	. Be	nefi	ciary	Type	,							
13.		_				_			1												-	mary	.,,,,								
		Fath	er	Mo	ther		Em	ploy	er		Othe	ers, s	oecii	У								ntinge	ent [n the	event (of deat	h of a	ll prim	ary ber	neficiar	y(-ies)]
17.	Ac	ddress	[No., St	treet, Villa	ige/Sub	divisio	n, Ba	rangay	, City	/Mun	iicipali	ty, Pro	vince	/Stat	e, Cou	ntry (I	P.O. Bo	ox is n	ot ac	ceptal	ole)]										
B.2		Remo	ve Be	neficia	ry(-ie:	s)																									
Kind				inform			w to	rem	ove e	existi	ing b	enefi	ciary	y(-ie	s).																
18.	Na	ame (La	ast Nam	ne, First N	ame, M	.I.)/Co	omp	any (or Bu	ısine	ss N	ame																			
19.	Na	ame (La	ast Nam	ne, First N	ame, M	.I.)/Co	omp	any (or Bu	ısine	ess N	ame																			
B.3				Benefic																											
				inform								_																			
20.	Or	riginai	bener	iciary N	iame (Last Na	ame,	First [Name,	. M.I)/	Con	ıpan	y or	Busi	ness	Nam	e (as ı	t app	ears II	n the	olan a	greeme	ent)								
Kin	dly	select	infor	mation	to up	date.																									
For	Inc	dividua	l Plan	holder																											
		Nam	ne					L	.ast N	lame	, First	. Nam	ne, M	.l.																	
																													M.I.		
		New	Othe	er Legal	Name	e(s)																									
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B.1 Add Beneficiary(-ies) (continuation)

B.3	Change of Beneficiary Informatio	n (continuation)											
For	Company/Business Planholder												
	Company or Business Name												
	Relationship to the planholder	Employer	Others, s	pecify									
	Country of Incorporation or Busine	ess Registration											
	Designation	Revocable	Irrevocab	le									
	Date of Incorporation or Business (e.g. 08-AUG-2008)	Registration	Day M	onth		Year							
	Business Address	[No., Street, Village/Su	ubdivision, Barangay	, City/N	lunicipality, Pro	vince/Stat	e, Count	ry (P.O. Bo	ox is not	accepta	ble)]		
С	Compliance with Regulatory Requi	rements											
The	following information is collected for r												
21.	Has there been any change in your citi				_								
	Yes, I am a citizen/national and a legal Yes, I am a citizen/national of				, ,	pecify co ly reside					Isne	cify cou	ntrv)
	None		(specify c	Junti	, but i teguti	ly reside					_ (3pc	city cou	neryj.
D	Signatures												
•	igning, you confirm your understanding You will inform us within 30 calendar	days of any chang	· ·	nstan	ces, includin	g but no	ot limit	ed to c	itizensl	hip(s)/	natior	nality(-ie	es), and
b.	submit the applicable documents accord	0,	thorized represe	entativ	os rolatod co	ompanie	c third						
	You acknowledge that the Company, its process and share your information, wand (iii) pursue its legitimate and lawful		organization to	(i) ser	vice this acco	ount, (ii)	proces	ss trans	actions	and e	nforce	the agre	ement,
c	process and share your information, w and (iii) pursue its legitimate and lawful relating to data privacy and anti-money	rights and interests laundering.	organization to and other purp	(i) ser oses a	vice this acco llowed unde	ount, (ii) r laws an	proces d regul	ss trans: lations,	actions includ	and e	nforce it not l	the agre imited to	eement, o, those
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(e.g. 08-AUG-2008)

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D Signatures (continuation)	
For Irrevocable Beneficiary, if any [Applicable only for Insurance Rider (GYRT)]	
32. Signature of Irrevocable Beneficiary #1	33. Printed Name
34. Signature of Witness	35. Printed Name
36. Place of Signing	37. Date of Signing Day Month Year
50. Flace of Signing	37. Date of Signing Day Month Year (e.g. 08-AUG-2008)
38. Signature of Irrevocable Beneficiary #2	39. Printed Name
40. Signature of Witness	41. Printed Name
42. Place of Signing	43. Date of Signing Day Month Year
42. Flace of Signing	43. Date of Signing Day Month Year (e.g. 08-AUG-2008)
Let us serve you better!	
Should there be any change in your information, kindly complete the section	n below.
44. Mailing Address (P.O. Box is not acceptable) Permanent Home Add	dress Present Home Address Work Address
45. Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Coun	
47. Work Phone (country code, area code, & tel. no., e.g. +63285558888) 48.	Home Phone (country code, area code, & tel. no., e.g. +63285558888)
	11011c 111011c (country code, area code, a tel. 110, e.g. 102203330000)
+ +	
49. Mobile Phone (country code, mobile no., e.g. +639123456789)	
+	
50. Email Address	
51. Do you want us to update the information on all your existing Life Insur Yes No [Only policy(-ies) and plan(s) specified in this form	
 Would you like to receive personalized communication and product offer Plans, Inc. (SLFPI); Sun Life Asset Management Company, Inc. (SLAMCI); 	
your financial needs? Yes No	and other members of the sun line i mancial group that may help with
For Office Use Only	
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