

# 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](mailto: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 General Information**

|  |  |      |  |
|--|--|------|--|
| 1. Plan Number(s)                      |  |      |  |
| <b>For Individual Planholder</b>       |  |      |  |
| Last Name                              |  |      |  |
| First Name                             |  | M.I. |  |
| <b>For Company/Business Planholder</b> |  |      |  |
| Company or Business Name               |  |      |  |

**B Beneficiary Change Details**

**Reminder:**

A beneficiary who is a minor will be subject to all the laws protecting minors. This includes the representation by a guardian as provided by law.

- Add Beneficiary(-ies)**  
Proceed to items 2 to 17, then complete items 21 and onwards
- Remove Beneficiary(-ies)**  
Proceed to items 18 to 19, then complete items 21 and onwards
- Change of Beneficiary Information**  
Proceed to item 20, then complete items 21 and onwards

**B.1 Add Beneficiary(-ies)**

Kindly complete the needed information below to add beneficiary(-ies) to your policy.

**Beneficiary #1**

|   |  |     |  |      |                |  |   |  |  |  |  |  |  |   |   |   |  |  |
|---|--|-----|--|------|----------------|--|---|--|--|--|--|--|--|---|---|---|--|--|
| 2. Name (Last Name, First Name, M.I.)/Company or Business Name  |  |     |  |      |                |  |   |  |  |  |  |  |  |   |   |   |  |  |
| <table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>   |  |     |  |      |                |  |   |  |  |  |  |  |  |   |   |   |  |  |
|   |  |     |  |      |                |  |   |  |  |  |  |  |  |   |   |   |  |  |
| 3. Birthdate/Date of Incorporation or Business Registration<br>(e.g. 08-AUG-2008)   |  | Day | Month  | Year | 4. Designation |  |   |  |  |  |  |  |  |   |   |   |  |  |
| <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> |  |     |  |      |                |  |   |  |  |  |  |  |  | - | - | <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable |  |  |
|   |  |     |  |      |                |  |   |  |  |  |  |  |  |   |   |   |  |  |
| 5. Country of Birth/Incorporation or Business Registration  |  |     | 6. Citizenship(s)/Nationality(-ies)  |      |                |  |   |  |  |  |  |  |  |   |   |   |  |  |
| <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>   |  |     |  |      |                |  | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> |  |  |  |  |  |  |   |   |   |  |  |
|   |  |     |  |      |                |  |   |  |  |  |  |  |  |   |   |   |  |  |
|   |  |     |  |      |                |  |   |  |  |  |  |  |  |   |   |   |  |  |
| 7. Relationship to the life insured   |  |     | 8. Beneficiary Type  |      |                |  |   |  |  |  |  |  |  |   |   |   |  |  |
| <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Employer <input type="checkbox"/> Others, specify  |  |     | <input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent [in the event of death of all primary beneficiary(-ies)] |      |                |  |   |  |  |  |  |  |  |   |   |   |  |  |
| 9. Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]  |  |     |  |      |                |  |   |  |  |  |  |  |  |   |   |   |  |  |
| <table border="1" style="width: 100%; height: 60px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>   |  |     |  |      |                |  |   |  |  |  |  |  |  |   |   |   |  |  |
|   |  |     |  |      |                |  |   |  |  |  |  |  |  |   |   |   |  |  |

**B.1 Add Beneficiary(-ies) (continuation)**

Beneficiary #2

|  |     |  |
|--|-----|--|
| 10. Name (Last Name, First Name, M.I.)/Company or Business Name  |     |  |
|  |     |  |
| 11. Birthdate/Date of Incorporation or Business Registration<br>(e.g. 08-AUG-2008)   | Day | Month  |
| (e.g. 08-AUG-2008)   | -   | -  |
|  |     |  |
| 13. Country of Birth/Incorporation or Business Registration  |     | 12. Designation  |
|  |     | <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable                      |
| 14. Citizenship(s)/Nationality(-ies)   |     |  |
|  |     |  |
| 15. Relationship to the planholder   |     | 16. Beneficiary Type   |
| <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Employer <input type="checkbox"/> Others, specify |     | <input type="checkbox"/> Primary   |
|  |     | <input type="checkbox"/> Contingent [in the event of death of all primary beneficiary(-ies)] |
| 17. Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]          |     |  |
|  |     |  |

**B.2 Remove Beneficiary(-ies)**

Kindly complete the information below to remove existing beneficiary(-ies).

|   |
|---|
| 18. Name (Last Name, First Name, M.I.)/Company or Business Name |
|   |
| 19. Name (Last Name, First Name, M.I.)/Company or Business Name |
|   |

**B.3 Change of Beneficiary Information**

Kindly complete the information below to update or correct any existing beneficiary information.

|  |   |
|--|---|
| 20. Original Beneficiary Name (Last Name, First Name, M.I.)/Company or Business Name (as it appears in the plan agreement) |   |
|  |   |
| Kindly select information to update.   |   |
| For Individual Planholder  |   |
| <input type="checkbox"/> Name  | Last Name, First Name, M.I.   |
|  |   |
|  | M.I.  |
|  |   |
| <input type="checkbox"/> New Other Legal Name(s)   |   |
|  |   |
| <input type="checkbox"/> Birthdate (e.g. 08-AUG-2008)  | Day   |
|  | -   |
|  | Month   |
|  | -   |
|  | Year  |
| <input type="checkbox"/> Designation   | <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable   |
| <input type="checkbox"/> Country of Birth  |   |
|  |   |
| <input type="checkbox"/> Citizenship(s)/Nationality(-ies)  |   |
|  |   |
| <input type="checkbox"/> Relationship to the planholder  | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Others, specify                      |
|  |   |
| <input type="checkbox"/> Beneficiary Type  | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent [in the event of death of all primary beneficiary(-ies)] |
|  |   |
| <input type="checkbox"/> Address   | [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]         |
|  |   |

**B.3 Change of Beneficiary Information (continuation)**

For Company/Business Planholder

Company or Business Name

Relationship to the planholder     Employer     Others, specify \_\_\_\_\_

Country of Incorporation or Business Registration

Designation     Revocable     Irrevocable

Date of Incorporation or Business Registration  
(e.g. 08-AUG-2008)    Day    Month    Year

Business Address  
[No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]

**C Compliance with Regulatory Requirements**

The following information is collected for regulatory compliance.

21. Has there been any change in your citizenship(s)/nationality(-ies) or country of legal residence?

Yes, I am a citizen/national and a legal resident of \_\_\_\_\_ (specify country).

Yes, I am a citizen/national of \_\_\_\_\_ (specify country) but I legally reside in \_\_\_\_\_ (specify country).

None

**D Signatures**

By signing, you confirm your understanding and agreement to the following:

a. You will inform us within **30 calendar days** of any change in your circumstances, including but not limited to citizenship(s)/nationality(-ies), and submit the applicable documents accordingly.

b. You acknowledge that the Company, its employees, duly authorized representatives, related companies, third party service providers, and vendors, shall **process and share your information**, with any person or organization to (i) service this account, (ii) process transactions and enforce the agreement, and (iii) pursue its legitimate and lawful rights and interests and other purposes allowed under laws and regulations, including, but not limited to, those relating to data privacy and anti-money laundering.

c. **Your personal data shall be retained** throughout the existence of your account(s) and/or until expiration of the retention limit set by laws and regulations from account closure and the period set for destruction or disposal of records. You certify that you have read, understood, and agreed with the declarations and authorizations above, including Sun Life’s privacy policy found in <https://apps.sunlife.com.ph/privacy>.

d. You agree to indemnify and **hold free and harmless the Company**, its affiliates, directors, employees, legal representatives, and assignees against loss and damage from any claims and/or actions made by any third person including the parties to this plan agreement or their representatives in relation to the processing of this request.

If the planholder is not an individual (e.g. company/business), the signature and title of the authorized signatory is required.

|  |   |
|--|---|
| 22. Signature of Planholder  | 23. Printed Name  |
| 24. Signature of Authorized Signatory #1 (For Company/Business Planholder) | 25. Printed Name and Job Title                                    |
| 26. Signature of Authorized Signatory #2 (For Company/Business Planholder) | 27. Printed Name and Job Title                                    |
| 28. Signature of Witness   | 29. Printed Name  |
| 30. Place of Signing   | 31. Date of Signing<br>(e.g. 08-AUG-2008)    Day    Month    Year |

**D Signatures (continuation)**

For Irrevocable Beneficiary, if any [Applicable only for Insurance Rider (GYRT)]

|   |   |
|---|---|
| 32. Signature of Irrevocable Beneficiary #1<br><input type="text"/> | 33. Printed Name<br><input type="text"/>  |
| 34. Signature of Witness<br><input type="text"/>                    | 35. Printed Name<br><input type="text"/>  |
| 36. Place of Signing<br><input type="text"/>                        | 37. Date of Signing (e.g. 08-AUG-2008)<br>Day      Month      Year<br><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> |
| 38. Signature of Irrevocable Beneficiary #2<br><input type="text"/> | 39. Printed Name<br><input type="text"/>  |
| 40. Signature of Witness<br><input type="text"/>                    | 41. Printed Name<br><input type="text"/>  |
| 42. Place of Signing<br><input type="text"/>                        | 43. Date of Signing (e.g. 08-AUG-2008)<br>Day      Month      Year<br><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> |

**Let us serve you better!**

Should there be any change in your information, kindly complete the section below.

|   |   |                                      |
|---|---|--------------------------------------|
| 44. Mailing Address (P.O. Box is not acceptable) <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Present Home Address <input type="checkbox"/> Work Address                      |   |                                      |
| 45. Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]<br><input type="text"/><br><input type="text"/><br><input type="text"/> |   | 46. Zip Code<br><input type="text"/> |
| 47. Work Phone (country code, area code, & tel. no., e.g. +63285558888)<br>+ <input type="text"/>   | 48. Home Phone (country code, area code, & tel. no., e.g. +63285558888)<br>+ <input type="text"/> |                                      |
| 49. Mobile Phone (country code, mobile no., e.g. +639123456789)<br>+ <input type="text"/>   |   |                                      |
| 50. Email Address<br><input type="text"/>   |   |                                      |

51. Do you want us to update the information on all your existing Life Insurance Policies and Pre-need Plans? (Considered NO if unanswered)  
 Yes     No [Only policy(-ies) and plan(s) specified in this form will be changed]

52. Would you like to receive personalized communication and product offers from Sun Life of Canada (Philippines), Inc. (SLOCPI); Sun Life Financial Plans, Inc. (SLFPI); Sun Life Asset Management Company, Inc. (SLAMCI); and other members of the Sun Life Financial group that may help with your financial needs?     Yes     No

**For Office Use Only**