

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

Beneficiary #2

10. Name (Last Name, First Name, M.I.)/Company or Business Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
11. Birthdate/Date of Incorporation or Business Registration (e.g. 08-AUG-2008)	Day <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Month <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Year <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	12. Designation <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
13. Country of Birth/Incorporation or Business Registration <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	14. Citizenship(s)/Nationality(-ies) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
15. Relationship to the life insured <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Employer <input type="checkbox"/> Others, specify <div style="border: 1px solid black; width: 80px; height: 15px;"></div>		16. Beneficiary Type <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)] <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				

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 <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
19. Name (Last Name, First Name, M.I.)/Company or Business Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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 policy contract) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Kindly select information to update.	
For Individual Policy Owner	
<input type="checkbox"/> Name	Last Name, First Name, M.I. <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="text-align: right; padding-right: 10px;">M.I.</div>
<input type="checkbox"/> New Other Legal Name(s)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<input type="checkbox"/> Birthdate (e.g. 08-AUG-2008)	Day Month Year <div style="border: 1px solid black; width: 20px; height: 20px;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
<input type="checkbox"/> Designation	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
<input type="checkbox"/> Country of Birth	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<input type="checkbox"/> Citizenship(s)/Nationality(-ies)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<input type="checkbox"/> Relationship to the life insured	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Others, specify <div style="border: 1px solid black; width: 80px; height: 15px;"></div>
<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)] <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

B.3 Change of Beneficiary Information (continuation)

For Company/Business Policy Owner

Company or Business Name

Relationship to the life insured 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 the Company's statutory responsibility to provide your information, including but not limited to **local or foreign tax status**, to the appropriate authority.
- c. You acknowledge that the Company, its employees, duly authorized representatives, related companies, third party service providers, and vendors shall **process and share your and the insured's information**, with any person or organization to (i) service this account, (ii) process transactions and enforce the contract, 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.
- d. **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>.
- e. **If the creditor is the beneficiary, the death benefit will be paid to him/her or his/her designated successors.** Benefits in excess of what is due to the creditor will be paid to the other beneficiaries.
- f. 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 policy or their representatives in relation to the processing of this request.

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

For Policy Owner/Authorized Signatory

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

D Signatures (continuation)

For Irrevocable Beneficiary, if any

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

For Assignee, if any

44. Signature of Assignee <input type="text"/>	45. Printed Name <input type="text"/>
46. Signature of Authorized Signatory #1 (For Lender Institution) <input type="text"/>	47. Printed Name and Job Title <input type="text"/>
48. Signature of Authorized Signatory #2 (For Lender Institution) <input type="text"/>	49. Printed Name and Job Title <input type="text"/>
50. Place of Signing <input type="text"/>	51. Date of Signing (e.g. 08-AUG-2008) Day Month Year <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.

52. 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	
53. Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)] <input type="text"/> <input type="text"/> <input type="text"/>	54. Zip Code <input type="text"/>
55. Work Phone (country code, area code, & tel. no., e.g. +63285558888) + <input type="text"/>	56. Home Phone (country code, area code, & tel. no., e.g. +63285558888) + <input type="text"/>
57. Mobile Phone (country code, mobile no., e.g. +639123456789) + <input type="text"/>	
58. Email Address <input type="text"/>	

59. 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) specified in this form will be changed]

60. 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

<input type="text"/>
