Beneficiary Change Request



In this form you and your refer to the policy owner, while we, us, our, and the Company refer to Sun Life of Canada (Philippines), 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 insured's death.

IMPORTANT NOTES:

A General Information

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 policy has been issued.

1. Policy Number(s)					
For Individual Policy Owner					
Last Name					
First Name					M.I.
For Company/Business Policy	Owner				
Company or Business Name					
business (varie					
B Beneficiary Change D	etails				
Reminders:					
 a. Their removal b. Their replacement c. The assignment of the d. The transfer of owne e. Financial transaction A beneficiary who is a 	s affecting this/these poli minor will be subject to a	rity cy(-ies) (e.g. policy ill the laws protectin	ndvance, policy surn 3 minors. This inclu	ender, or fund withdr des the representation	awal) by a guardian as provided by law. distributed among the surviving
Add Beneficiary(-ies) Proceed to items 2 to 17, t items 21 and onwards	hen complete		iciary(-ies) ns 18 to 19, then s 21 and onwards		of Beneficiary Information to item 20, then complete items nwards
B.1 Add Beneficiary(-ies)					
Kindly complete the needed in	formation below to add b	eneficiary(-ies) to y	our policy.		
Beneficiary #1					
2. Name (Last Name, First Name,	M.I.)/Company or Busines	ss Name			
3. Birthdate/Date of Incorp	oration or Business Regis	stration _{Day}	Month	Year 4.	Designation
(e.g. 08-AUG-2008)		-	-		Revocable Irrevocable
5. Country of Birth/Incorpo	oration or Business Regist	ration 6.	Citizenship(s)/Natio	onality(-ies)	
7. Relationship to the life in		<u> </u>	8.	Beneficiary Type	
'	sured		J 0.	Deficiencially Type	
Father Mothe		Others, specify		Primary	e event of death of all primary beneficiary(-ies)]
	r Employer 🔲 C			Primary Contingent [in th	e event of death of all primary beneficiary(-ies)]
Father Mothe	r Employer 🔲 C			Primary Contingent [in th	e event of death of all primary beneficiary(-ies)]
Father Mothe	r Employer 🔲 C			Primary Contingent [in th	e event of death of all primary beneficiary(-ies)]

B.1	Add Beneficiary(-ies) (continuation	n)															
Bene	eficiary #2																
10.	Name (Last Name, First Name, M.I.)/Compar	y or Busi	ness Nar	me													
11.	Birthdate/Date of Incorporation or Bu (e.g. 08-AUG-2008)	siness Re	gistratio	n [Day		Month		,	Year		12.	Designa				
12	Control (B) the description of B				14			() () ()	1::	1	<u> </u>		Rev	ocable		Irrevoca	ble
13.	Country of Birth/Incorporation or Bus	iness Reg	gistration	1	14.	Citiz	enship	(s)/Nat	ionalit	y(-ies	5)						
15.	Relationship to the life insured							1	6. Be	nefici	ary Ty	pe					
	Father Mother Empl	oyer _	Others	s, specit	fy					Prim Con	-	t [in the	event of o	death of al	ll primar	y beneficia	ry(-ies)]
17.	Address [No., Street, Village/Subdivision, Barar	ıgay, City/M	unicipality,	, Province	/State	e, Countr	ry (P.O. B	ox is not	accepta	able)]							
B.2	Remove Beneficiary(-ies)																
Kind	ly complete the information below to re	move exi	sting ber	neficiary	y(-ies	s).											
18.	Name (Last Name, First Name, M.I.)/Compar	y or Busi	ness Nar	me													
19.	Name (Last Name, First Name, M.I.)/Compar	y or Busi	ness Nar	me													
D 2	Change of Beneficiary Informatio																
B.3 Kind	ly complete the information below to u		correct ar	nv existi	ing b	enefici	arv info	ormatio	on.								-
	Original Beneficiary Name (Last Name, Fir									policy	contrac	ct)					
Kin	dly select information to update.																
For	Individual Policy Owner																
	Name	Last Nar	me, First N	Name, M	.l.												
																M.I.	
	New Other Legal Name(s)																
		Day	Ν	/lonth		,	Year										
	Birthdate (e.g. 08-AUG-2008)		_														
	Designation	Rev	ocable/					Irrevo	cable								
	Country of Birth																
	Citizenship(s)/Nationality(-ies)																
	Relationship to the life insured	Fatl	her		Moth	ner		Othe	rs, spe	cify							
	Beneficiary Type		nary			_	[in the e								hla\1		
	Address	[INO., Stre	et, Village/	SUDDIVISI	on, Ba	rangay, C	ity/Mun	icipality,	rrovinc	e/state	e, Count	ту (Р.О. 1	DOX IS NO	accepta	oie)]		

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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 Irrevoca	able					
Day N Date of Incorporation or Business Registration (e.g. 08-AUG-2008)	onth Year - Vear					
[No., Street, Village/Subdivision, Barangay	City/Municipality, Province/State, Country (P.O. Box is not acceptable)]					
Business Address						
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 cou	ntry of legal residence?					
Yes, I am a citizen/national and a legal resident of						
Yes, I am a citizen/national of(specify cour	try) but I legally reside in (specify country).					
None						
D Signatures						
By signing, you confirm your understanding and agreement to the following:						
	nstances, including but not limited to citizenship(s)/nationality(-ies), and					
b. You acknowledge the Company's statutory responsibility to provide your	nformation, including but not limited to local or foreign tax status, to the					
appropriate authority.vou acknowledge that the Company, its employees, duly authorized repres	entatives, related companies, third party service providers, and vendors shall					
process and share your and the insured's information, with any person of	organization to (i) service this account, (ii) process transactions and enforce and other purposes allowed under laws and regulations, including, but not					
limited to, those relating to data privacy and anti-money laundering.						
	account(s) and/or until expiration of the retention limit set by laws and osal of records. You certify that you have read, understood, and agreed with					
the declarations and authorizations above, including Sun Life's privacy po	icy found in https://apps.sunlife.com.ph/privacy.					
e. If the creditor is the beneficiary, the death benefit will be paid to him/h creditor will be paid to the other beneficiaries.	er or his/her designated successors. Benefits in excess of what is due to the					
f. You agree to indemnify and hold free and harmless the Company , its affiliates, directors, employees, legal representatives, and assignees against los 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	e 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					

22. Signature of Policy Owner

23. Printed Name

24. Signature of Authorized Signatory #I (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

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For I	Signatures (continuation)		
	rrevocable Beneficiary, if any	1	
32.	Signature of Irrevocable Beneficiary #1	33.	Printed Name
2.4	City Children	25	Distribution of the control of the c
34.	Signature of Witness	35.	Printed Name
26	Place of Signing	27	Date of Signing
30.	Place of Signing	37.	Date of Signing Day Month Year (e.g. 08-AUG-2008)
30	Signature of Irrevocable Beneficiary #2	30	Printed Name
50.	Signature of intevocable beneficially #2	39.	Timediname
40	Signature of Witness	41	Printed Name
40.	Signature of Withess	71.	Timedivame
47	Place of Signing	43	Date of Signing Day Month Year
12.	Tucc of signing	15.	Date of Signing Day Month Year (e.g. 08-AUG-2008)
For A	Assignee, if any	1	
	Signature of Assignee	ΛE	Printed Name
44.	Signature of Assignee	45.	FIIIILEG INGINE
16	Signature of Authorized Signatory #1 (For Lender Institution)	17	Printed Name and Job Title
40.	Signature of Authorized Signatory #1 (For Lender Institution)	47.	Fillited Name and Job Title
48	Signature of Authorized Signatory #2 (For Lender Institution)	49	Printed Name and Job Title
70.	Signature of Authorized Signatory #2 (For Lender Institution)	٦).	Triffed thattle and Job Title
50.	Place of Signing	51.	Date of Signing Day Month Year
30.	Title of Signing	3	Date of Signing Day Month Year (e.g. 08-AUG-2008)
_			
Let	us serve you better!		
Shou	ıld there be any change in your information, kindly complete the sectio	n bel	ow.
52.	Mailing Address (P.O. Box is not acceptable) Permanent Home Address	iress	
53.	Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Cour		Present Home Address Work Address
	Address [140., street, village/subdivision, barangay, city/indinicipality, riovince/state, cour	ntry (P.C	
	Address [140., Street, Village/Subdivision, balangay, City/Municipality, Hovince/State, Cour	ntry (P.C	
	Address [140., Street, Village/Subdivision, balangay, City/Municipality, Trovince/State, Cour	ntry (P.C	
	Address [140., Street, Village/Subdivision, balangay, City/Municipality, Hovince/State, Cour	ntry (P.C	
	Address [No., Street, Village/Subdivision, balangay, City/Municipality, Hovince/State, Cour	ntry (P.C	
	Address [140., Street, Village/Subdivision, balangay, City/Municipality, Hovince/State, Cour	ntry (P.C	
55.			
	Work Phone (country code, area code, & tel. no., e.g. +63285558888) 56.		D. Box is not acceptable)] 54. Zip Code
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+	Work Phone (country code, area code, & tel. no., e.g. +63285558888) 56.		D. Box is not acceptable)] 54. Zip Code
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+ 57. +	Work Phone (country code, area code, & tel. no., e.g. +63285558888) 56. + Mobile Phone (country code, mobile no., e.g. +639123456789)		D. Box is not acceptable)] 54. Zip Code
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+ 57. + 58.	Work Phone (country code, area code, & tel. no., e.g. +63285558888) 56. + Mobile Phone (country code, mobile no., e.g. +639123456789) Email Address	Hom	Policies and Pre-need Plans? (Considered NO if unanswered)
+ 57. + 58.	Work Phone (country code, area code, & tel. no., e.g. +63285558888) + Mobile Phone (country code, mobile no., e.g. +639123456789) Email Address Do you want us to update the information on all your existing Life Insu Yes No [Only policy(-ies) specified in this form will be ch	Home	Policies and Pre-need Plans? (Considered NO if unanswered)
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