

Account Information Form Corporate

IMPORTANT NOTES & INSTRUCTIONS:

This **Account Information Form - Corporate** is composed of Sections A to E, including the Annex Sheets, if required. The accomplished and signed form must be submitted via email to your SLIMTC Relationship Manager or to your Certified UITF Sales Personnel, along with the required documents. All signed documents shall be treated as original copies.

Please write legibly using **CAPITAL LETTERS**. Write **N/A** if the question is not applicable. Mark the box(es) with a “✓” to indicate your choice(s), then **sign the form** only when completely filled out. **Fields with asterisk (*) are ALL MANDATORY**.

FOR SLIMTC USE ONLY

Account Number

Client Number

Portfolio Code (For segregated mandates)

A GENERAL INFORMATION

1. Company/Business Name*

2. Date Accomplished (mm-dd-yyyy)*

3. Trade name (if applicable)

4. Product Type*

- Investment Management Account (IMA)
 Retirement Plan
 Corporate Trust
 Unit Investment Trust Fund (UITF)
- Other (Please specify)

B CLIENT INFORMATION

IMPORTANT NOTE

All authorized signatory/ies of this account must each accomplish and submit the **Annex B1 - Specimen Signature Form**.

5. Company/Business Type*

- Corporation
 Cooperative (Please answer item 5a and 5b)
 One Person Corporation
 Foreign Entities
- Partnership
 Private Retirement Plans
 Religious Corporation
 Sole Proprietorship
- Union
 Others (please specify)

5a. Cooperative Identification Number

5b. Cooperative Registration Date (mm-dd-yyyy)

6. Incorporation Date* (mm-dd-yyyy)

7. City/Municipality of Incorporation*

8. Country of Incorporation*

9. SEC Registration Number*

10. Tax Identification Number (TIN)*

11. Country/ies where the company/business operates*

CONTACT INFORMATION

12. Company/Business Address* (please completely fill out the fields below)

Unit / Floor No., Building Name, Building No., Street, Subdivision/Village, Barangay

City/Municipality

Province/State

Country

Zip Code

13. Company/Business Mailing Address* (please completely fill out the fields below if not same with company/business address)

Same as company/business address

Unit / Floor No., Building Name, Building No., Street, Subdivision/Village, Barangay

City/Municipality

Province/State

Country

Zip Code

14. Company/Business Phone Number*
(e.g. +632XXXXXXXX)

15. Company/Business Mobile Number*
(e.g. 9XXXXXXXX)

16. Company/Business Email address*

FINANCIAL INFORMATION

17. Nature of Business*

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Academe / Education | <input type="checkbox"/> Accounting / Accountant | <input type="checkbox"/> Agriculture / Forestry / Fishing | Financial Services (please choose one) | |
| <input type="checkbox"/> Arts / Entertainment | <input type="checkbox"/> Charity/Social Work | <input type="checkbox"/> Consultancy | | <input type="checkbox"/> Bank |
| <input type="checkbox"/> Gaming - Gambling | <input type="checkbox"/> Government | <input type="checkbox"/> Health | | <input type="checkbox"/> Virtual / Digital Currency Provider |
| <input type="checkbox"/> Hospitality Industry | <input type="checkbox"/> Information and Communication | <input type="checkbox"/> Legal / Lawyer | | <input type="checkbox"/> Money Service Bureaus / Remittance / Foreign Exchange |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining | <input type="checkbox"/> Military Defense / Security/ Energy / Utilities | | <input type="checkbox"/> Wealth Management / Asset Management |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Science / Research | | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Transportation and Storage | <input type="checkbox"/> Wholesale Trade | | | <input type="checkbox"/> Non-Bank Financial Services |
| | | <input type="checkbox"/> Others (please specify) | | <input type="text"/> |

18. Expected mode of funding* (select all that applies)

- Bank transfers from within the Philippines
- Bank transfers from outside of the Philippines
- Others (please specify)

19. Source/s of Investable Assets* (select all that applies)

- Business Ownership (Private Equity, Venture Capital etc.)
- Income from Business Operations
- Investment Activities
- Legal Settlement
- Inheritance / Family Wealth
- Others (please specify)

20. Estimated Capitalization (in Philippine Peso)

21. Estimated Annual Income (in Philippine Peso)

- < 10 M 10 M to 50M 51M to 100M > 100 M

22. Accounts with Other Banks (please specify the bank name/s)

AUTHORIZED REPRESENTATIVE

IMPORTANT NOTE

All notices, updates, and/or correspondences related to this account will be sent to the nominated authorized representative below.

23. Name of Authorized Representative*

First Name

Middle Name

Last Name

Suffix (e.g., SR., JR., III)

24. Designation/Job Title*

25. Sex (at birth) *

- Male Female

26. Date of Birth (mm-dd-yyyy)

27. Nationality*

28. Valid ID Presented*

29. Valid ID Number*

30. ID Validity Date*
(mm-dd-yyyy)

31. Work Phone Number*
(e.g. +632XXXXXXXX)

32. Work Mobile Number*
(e.g. 9XXXXXXXX)

33. Work Email address*

34. Are you Withholding Agent for Certificate of Taxes Withheld at Source (CWT)?*

Yes No

35. Foreign Account Tax Compliance Act (FATCA) Questionnaire*

Are you obligated to pay taxes to the U.S. IRS because of your citizenship, residency, or other reasons?

Yes No (please accomplish the W8BEN-E Form)

36. Related Party Entity/Individuals*

A Related Party is an Individual or an Entity that belong to the following: subsidiaries, affiliates and special purpose entities which SLIMTC exerts direct/indirect control or which exerts direct/indirect control over SLIMTC; directors, officers, and stockholders ("DOS"); close family members of DOS; related interests; corresponding persons in affiliated companies; and any person or juridical entity whose interest may pose potential conflict with the interest of SLIMTC.

Is the Client a Related Party?

Yes (please specify relationship with SLIMTC) No

37. Is the business/company acting as a Trustee, Nominee, Agent or Intermediary, either as an individual or through a fiduciary relationship or similar arrangement?*

Yes (please accomplish Annex C1 - Legal Arrangements Form) No

38. Would you like to receive personalized communication and product offers from Sun Life Investment Management and Trust Corporation; Sun Life of Canada (Philippines), Inc. (SLOCPI); Sun Life Financial Plans, Inc. (SLFPI); Sun Life Asset Management Company, Inc. (SLAMCI); and other members of Sun Life Philippines or the Sun Life group that may help you with your financial needs?

Yes No

D TERMS AND CONDITIONS

Unless the context requires otherwise, you and your refer to the client / institution and/or its Authorized Representative(s), as may be applicable, while *we, us, our,* and the Company refer to Sun Life Investment Management and Trust Corporation (SLIMTC).

Any information provided in this Form will be used to allow the Company to identify you and/or verify your information. This is to ensure that we protect you, your application, and your transaction with the Company from being used for money laundering and terrorist financing activities.

COMPLIANCE WITH DATA PRIVACY ACT OF 2012 (Republic Act No. 10173)

You agree that Sun Life of Canada (Philippines), Inc. (SLOCPI), Sun Life Asset Management Company, Inc. (SLAMCI), Sun Life Financial Plans, Inc. (SLFPI), Sun Life Grepa Financial, Inc (SLGFI), and Sun Life Investment Management and Trust Corporation (SLIMTC), collectively "Sun Life Philippines" or "Sun Life group," shall process your personal data to: a) evaluate your application and administer your account as a Sun Life Philippines' client; b) process transactions and enforce/fulfill contractual rights/obligations; c) improve the provision of products and services (including improvement in systems and business processes, data analytics, automated processing, etc.); d) comply with legal obligations, as well as laws and regulations (domestic or foreign); and e) manage risks and pursue its legitimate interests.

For purposes consistent with the foregoing, you expressly authorize Sun Life Philippines to share with each other, its affiliates, service providers, regulators, and other third parties, who shall be bound by contractual or other reasonable means to protect your personal data, your personal data (including, but not limited to your contact details, demographic information, financial information, and government identifiers) as you may provide in this form and/or as available in Sun Life Philippines' system or database, and to: (1) centralize and update your data; (2) simplify your application experience such as by pre-populating data fields; (3) simply Know-Your-Client and risk rating processes, where possible; and 4) automated profiling (e.g. marketing profiling).

Your rights include the right to be informed, access your data, rectify errors, object to processing, and file a complaint. For more information about your rights and how we protect your data, you may access our privacy policy at <https://online.sunlife.com.ph/privacy>. Should you have any concerns in relation to your rights or the processing of your personal data, you may get in touch with our Data Protection Officer at privacy.slimtc@sunlife.com.

Your personal data shall be retained for the duration of your coverage under your plan or throughout the existence of your account(s) and/or upon the later of the expiration of the retention limit set by Sun Life group's standards, laws and regulations, counted from account closure. You certify that you understand and agree with the declarations and authorizations above and the Company's privacy policy at <https://online.sunlife.com.ph/privacy>.

COMPLIANCE WITH THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

The Foreign Account Tax Compliance Act (FATCA) requires us to identify, collect, and report tax-related information of our clients. You also agree to inform us within thirty (30) calendar days of any change in your circumstances, which makes any information on your submitted document/s inaccurate; and provide a new or updated document. You also agree for us to disclose your local and/or foreign tax status to the appropriate authority in accordance with the applicable law and/or regulation. For the latest version of the above forms, please refer to the IRS website (<https://www.irs.gov/forms-instructions>).

RECORDING OF TELEPHONE CONVERSATIONS

Subject to any applicable law, you agree that the Company may record its telephone conversations with you and use such recording or transcript in any dispute in connection with the services provided to you and/or disclose the same to any regulatory authority having jurisdiction over the Company when so ordered by the relevant regulatory authority.

APPLICABLE LAWS

This application and related documents shall be governed by and interpreted in accordance with local or foreign laws that apply to SLIMTC. Any legal action arising thereupon shall be filed exclusively before the courts of Makati City, Philippines.

By signing below, you confirm that:

- a. All information provided in this Form are true, correct, and complete.
- b. You have secured, and will maintain, all applicable government and regulatory licenses. You have never undergone the process of receivership, liquidation or dissolution.
- c. You are not engaged in, or in any way related to, any of the unlawful activities listed in the Anti-Money Laundering Act (AMLA) and the Terrorism Financing Prevention and Suppression Act (TFPSA).
- d. You consent to be bound by the obligations set out in the AMLA, TFPSA, and relevant United Nations Security Council Resolutions (UNSCR) relating to the prevention and suppression of terrorism, terrorist financing, and financing of proliferation of weapons of mass destruction, including the freezing and unfreezing actions as well as prohibitions from conducting transactions with designated persons and entities. In this regard, you authorize the Company to freeze and unfreeze your account pursuant to UNSCR and issuances of the Anti-Money Laundering Commission (AMLC), regardless of the filing of civil forfeiture proceedings.
- e. You agree that for notifications, updates and communications regarding your account, SLIMTC will use your nominated email address as the main communication channel.
- f. You agree to immediately send the required/updated information to SLIMTC if any of the above information has changed, every three (3) years after account opening, or anytime upon SLIMTC's request. Otherwise, the Company may terminate your account with us. Further, you agree that prior to our receipt of updated information, we may continue to rely and act on the basis of information you have previously provided to us.
- g. Electronic or digital signatures or sign-in-wraps utilized in the Forms you submit to us shall have the same force and effect as a manual signature. You understand the risks and assume full responsibility for all your electronic transactions, and warrant that SLIMTC can rely on your electronic signatures and/or instructions via electronic means. We shall not be liable for acting upon such instructions, notices or requests nor shall we be obliged to investigate the authenticity of your instructions, notices or requests or verify the accuracy and completeness of such instructions, notices or requests. However, we may, in our sole discretion and without liability, refuse to immediately act on your instruction or request if we reasonably believe that the same is fraudulent. Should SLIMTC, at any time, require the physical versions of the documents you submitted electronically, you agree to provide them without delay.
- h. We can make adjustments to your account(s) to correct any error. For any violation of our terms/conditions/policies, we reserve the right to terminate your account and charge you a fee.
- i. You, acting as trustee, agent, nominee, or intermediary, have obtained and hold adequate, accurate, and current information on the identity of the trustor, principal or grantor, beneficiaries, and/or any other natural person exercising ultimate effective control over the legal arrangement. You further undertake that you shall make available to SLIMTC and any regulatory authority having jurisdiction over it, to the extent allowed by law, information on the beneficial ownership and the assets subject of the legal arrangement to be held or managed under the terms of the said arrangement

j. Client Disclosure Statement

- i. I/we received sufficient information about the product and/or service that we are acquiring/onboarding from Sun Life Investment Management and Trust Corporation (SLIMTC). Such information was presented to me/us in a clear, concise, accurate, and understandable, manner.
- ii. The terms and conditions, features, risks, fees, and charges of the product and/or service that we are acquiring/ onboarding were made known to me/us and we understand the same.
- iii. A copy of the proposal and/or product disclosure was provided to me/us, and I/we were given enough time to review the and understand the terms and conditions of the product and/or service prior to the signing of the contract/agreement or executing the transaction.
- iv. I/we were informed of our rights and obligations, as well as the rights and obligations of SLIMTC, under the product and/or service we are acquiring/onboarding

(NOTE: Please sign according to the signing instructions of your institution.)

Authorized Signatory (1)

Printed Full Name	Signature
Place of signing (City/Municipality, Country)	Date signed (e.g. mm-dd-yyyy)

Authorized Signatory (2)

Printed Full Name	Signature
Place of signing (City/Municipality, Country)	Date signed (e.g. mm-dd-yyyy)

Authorized Signatory (3)

Printed Full Name	Signature
Place of signing (City/Municipality, Country)	Date signed (e.g. mm-dd-yyyy)

Authorized Signatory (4)

Printed Full Name

Signature

Place of signing (City/Municipality, Country)

Date signed (e.g. mm-dd-yyyy)

Authorized Signatory (5)

Printed Full Name

Signature

Place of signing (City/Municipality, Country)

Date signed (e.g. mm-dd-yyyy)

FOR RELATIONSHIP MANAGER / CERTIFIED UITF SALES PERSONNEL USE ONLY v5.2025

By signing below, you confirm that:

- a. You obtained satisfactory evidence to establish the accuracy of the information in this form and the Client/s' true identity.
- b. You met the Client/s personally or via video conference to perform the appropriate account onboarding and Client Suitability Assessment (CSA) processes.
- c. You verified that the Client personally signed the form, whether physically or electronically.
- d. To the best of your knowledge, the Client/s is not engaged in any unlawful activity as mentioned in the Anti-Money Laundering Act (AMLA); and any amount that the Client will invest comes from legitimate sources. If at any time, in your opinion, the credibility of the Client/s' financial sources becomes questionable, you are required to immediately inform SLIMTC in writing to provide any other information needed to comply with local and foreign laws.
- e. You advised the Client/s that transactions will only be processed upon submission of complete information, documentary requirements, and cleared funds.
- f. You have accurately represented the nature and structure of the product and/or service, terms and conditions, fundamental benefits and risks, detailed breakdown of the pricing, or any cost associated with the product and service.
- g. You performed sufficient research to align product selection with the Client/s' risk profile and informed the investor(s) that incomplete or inaccurate information regarding their financial knowledge and experience may impede the ability to accurately assess product suitability due to the limited information provided.
- h. You explained all the risks related to the investment, in case this differs from the recommended product(s).
- i. You made full disclosure to the Client/s that you receive compensation on a commission basis from the sale of investment products.
- j. You agree to be bound by any disciplinary body and be subject to appropriate action for any confirmed violation of the above.

Select the mode by which account onboarding was conducted on the Client/s:

- In-person (face-to-face) Remote/digitally-enabled selling (via video conferencing applications)

Distribution channel

- Head Office Certified UITF Sales Personnel (Individual Agent)

Relationship Manager / Certified UITF Sales Personnel Name and Signature

Printed Full Name

Signature

Place of signing (City/Municipality, Country)

Date signed (e.g. mm-dd-yyyy)

Advisor / RM Code

NBO Code

Interviewed by

Printed Name

Signature

Date (e.g. mm-dd-yyyy)

Signature Verified by

Printed Name

Signature

Date (e.g. mm-dd-yyyy)

Approved by

Printed Name

Signature

Date (e.g. mm-dd-yyyy)