

Certified UITF Sales Personnel (CUSP) Change Request Form



In this form, **you** and **your** refer to the client/s or the company's authorized signatory/ies, while **we, us, our** and the **Company** refer to Sun Life Investment Management and Trust Corporation (SLIMTC), which is a member of the Sun Life group of companies.

IMPORTANT NOTES & INSTRUCTIONS:

The accomplished and signed **Certified UITF Sales Personnel (CUSP) Change Request Form**, must be submitted via email to SLIMTC.Communications.Notice@sunlife.com, along with a copy of your **Valid ID (including the valid IDs of all required authorized signatories)**. Your nominated new UITF-licensed advisor must be copied in the email. All signed documents shall be treated as original copies.

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

A GENERAL INFORMATION

1. Account Number * 2. Account Name * 3. Date Accomplished* (mm-dd-yyyy)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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B NEW ADVISOR CHANGE REQUEST

IMPORTANT NOTE:

Ensure that the nominated new Certified UITF Sales Personnel (CUSP) below has an active UITF license.

4. Name of CUSP Advisor*

First Name	Middle Initial	Last Name	Suffix (e.g., SR., JR., III)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. New CUSP's Advisor Code No.*

6. New CUSP's ISO/NBO Code

7. Reason for change*

I have no CUSP I prefer another CUSP (please specify the reason)

D ACKNOWLEDGEMENT AND AGREEMENT

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

- a) All services and personal data relating to the account indicated in this form shall be coursed through your new servicing advisor.
- b) You agree that your request for change of advisor is subject to validation and approval by SLIMTC.
- c) You agree that SLIMTC shall process your personal data to facilitate your request to change the advisor for the account specified in this form. SLIMTC may disclose your personal data to its affiliates, service providers, and other third parties for processing consistent with the foregoing purposes, who shall be bound by contractual or other reasonable means to protect your personal data. Your personal data shall be retained throughout the existence of your account(s) and/or upon the later of the expiration of the retention limit set by Company standards, laws and regulations, counted from account closure. 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. You certify that you understand and agree with the declarations and authorizations above and SLIMTC's privacy policy at <https://online.sunlife.com.ph/privacy>.

Primary Account Holder / Authorized Signatory (1)

<input type="text"/>	<input type="text"/>
Printed Name	Signature
<input type="text"/>	<input type="text"/>
Place of signing (City/Municipality, Country)	Date Signed (e.g. mm-dd-yyyy)

(if there are multiple account holders/authorized signatories required to sign, please use the space below)

Secondary Account Holder / Authorized Signatory (2)

<input type="text"/>	<input type="text"/>
Printed Name	Signature
<input type="text"/>	<input type="text"/>
Place of signing (City/Municipality, Country)	Date Signed (e.g. mm-dd-yyyy)

Secondary Account Holder / Authorized Signatory (3)

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Printed Name

Signature

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Place of signing (City/Municipality, Country)

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

Secondary Account Holder / Authorized Signatory (4)

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Printed Name

Signature

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Place of signing (City/Municipality, Country)

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

Secondary Account Holder / Authorized Signatory (5)

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Printed Name

Signature

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Place of signing (City/Municipality, Country)

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

New Advisor

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Printed Name

Signature

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Place of signing (City/Municipality, Country)

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

FOR SLIMTC USE ONLY

CUSP change request:

Approved, effective (mm-dd-yyyy) Declined (please state the reason)

Reviewed by

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Printed Name

Signature

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

Approved by

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Printed Name

Signature

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