

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 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.

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 has been issued.

A General Information

1. Plan Number(s)	<input type="text"/>		
For Individual Planholder			
Last Name	<input type="text"/>		
First Name	<input type="text"/>	M.I.	<input type="text"/>
For Company/Business Planholder			
Company or Business Name	<input type="text"/>		
	<input type="text"/>		

B Beneficiary Change Details

Reminder:

Minor beneficiaries are protected under all applicable laws governing minors, including the legal requirement for guardian representation.

- | | | |
|---|---|---|
| <input type="checkbox"/> Add Beneficiary(-ies)
Complete items 2 to 21, then proceed to items 25 and onwards | <input type="checkbox"/> Remove Beneficiary(-ies)
Complete items 22 to 23, then proceed to items 25 and onwards | <input type="checkbox"/> Change of Beneficiary Information
Complete item 24, then proceed to items 25 and onwards |
|---|---|---|

B.1 Add Beneficiary(-ies)

Kindly complete the needed information below to add beneficiary(-ies) to your plan. If there are more than 2 additional beneficiaries, you may submit another page 2.

Beneficiary #1

2. Name (Last Name, First Name, Middle Name) / Company or Business Name	
3. Sex (at birth) <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Birthdate (e.g. 01-FEB-2026) 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"/> <input type="text"/>
5. Country of Birth/Incorporation or Business Registration	6. Citizenship(s)/Nationality(-ies)
7. Relationship to the planholder <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Employer <input type="checkbox"/> Others, specify _____	8. Beneficiary Type <input type="checkbox"/> Primary <input type="checkbox"/> Contingent [in the event of death of all primary beneficiary(-ies)]
9. Designation <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	10. Home Phone/Mobile No. (country code, area code & tel. no.)
11. 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

<input type="checkbox"/> Company or Business Name	<input type="text"/>	
<input type="checkbox"/> Relationship to the life insured	<input type="checkbox"/> Employer	<input type="checkbox"/> Others, specify _____
<input type="checkbox"/> Country of Incorporation or Business Registration	<input type="text"/>	
<input type="checkbox"/> Designation	<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable
<input type="checkbox"/> Business Phone/Mobile No. (country code, area code & tel. no.)	<input type="text"/>	
	[No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]	
<input type="checkbox"/> Business Address	<input type="text"/>	
	<input type="text"/>	

C Compliance with Regulatory Requirements

The following information is collected for regulatory compliance.

25. 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:

- 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.
- 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.
- 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.
- 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://www.sunlife.com/sl/pslf-philippines/en/privacy/>.
- You agree that the Company shall process your personal data to evaluate, process, and implement the transaction or request that you have initiated. The Company may disclose your personal data to its affiliates, service providers, and other third parties for processing consistent with the foregoing purpose, and to comply with legal obligations, as well as laws and regulations (domestic or foreign).
- Your rights include the right to be informed, access your data, and rectify errors in your data. For more information about your rights and how we protect your data, you may access our privacy policy at <https://www.sunlife.com/sl/pslf-philippines/en/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 privacyconcern@sunlife.com.
- 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 planholder or assignee is not an individual (e.g. company/business), the signature and title of the authorized signatory is required.

For Planholder/Authorized Signatory


26. Signature of Planholder	27. Printed Name
28. Signature of Authorized Signatory #1 (For Company/ Business Policyholder)	29. Printed Name and Job Title
30. Signature of Authorized Signatory #2 (For Company/ Business Policyholder)	31. Printed Name and Job Title
32. Signature of Witness (a third-party or anyone who is not the Planholder, or beneficiary)	33. Printed Name
34. Place of Signing	35. Date of Signing (e.g. 01-FEB-2026) 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"/> <input type="text"/>

D Signatures (continuation)

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

36. Signature of Irrevocable Beneficiary #1	37. Printed Name
38. Signature of Witness (a third-party or anyone who is not the planholder, or beneficiary)	39. Printed Name
40. Place of Signing	41. Date of Signing (e.g. 01-FEB-2026) Day Month Year □ □ - □ □ □ □ - □ □ □ □ □ □
42. Signature of Irrevocable Beneficiary #2	43. Printed Name
44. Signature of Witness (a third-party or anyone who is not the planholder, or beneficiary)	45. Printed Name
46. Place of Signing	47. Date of Signing (e.g. 01-FEB-2026) Day Month Year □ □ - □ □ □ □ - □ □ □ □ □ □

Let us serve you better! Updating made easier. You may now update your contact information via the Client Portal or Mobile App.

Option 1: Via Client Portal (www.sunlife.com.ph)	Option 2: Via Mobile App  Download the My Sun Life PH Mobile App at Google App/Play Store or Scan the QR code ->
<ol style="list-style-type: none"> 1. Visit sunlife.com.ph and click on the Sign In button. 2. Click Settings and select edit Contract Details/Mailing Address. 3. Update relevant details then click Save. 	<ol style="list-style-type: none"> 1. Login to your My Sun Life PH Mobile App. 2. Click on Service Request and click Personal Details/Update Mailing Address. 3. Click Edit button on your Mobile, International, Home, Business No., or Email Address and/or on your Permanent, Present, or Business Address. 4. Update then click Save.

48. 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 group that may help with your financial needs? Yes No

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