

Name 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.

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.

A General Information

Please complete information below as it appears in the plan agreement.

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 Name Change Details (Refer to page 2 for the list of requirements to submit.)

2. Name Change For:	<input type="checkbox"/> Planholder	<input type="checkbox"/> Scholar	<input type="checkbox"/> Company/Business
3. Original Individual Name (Last Name, First Name, Middle Name)/Company or Business Name (as it appears in the plan agreement)			
4. New Last Name/Company or Business Name			
5. New First Name			
6. New Middle Name		7. New Other Legal Name(s)	
8. Reason for Change: <input type="checkbox"/> Marriage <input type="checkbox"/> Annulment <input type="checkbox"/> Change in Company or Business Name <input type="checkbox"/> For Correction <input type="checkbox"/> Others, specify _____			

C Compliance with Regulatory Requirements

The following information is collected for regulatory compliance.

9. Has there been any change in your citizenship(s)/nationality(-ies) or country of legal residence?
<input type="checkbox"/> Yes, I am a citizen/national and a legal resident of _____ (specify country).
<input type="checkbox"/> Yes, I am a citizen/national of _____ (specify country) but I legally reside in _____ (specify country).
<input type="checkbox"/> 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/>.



D Signatures (continuation)


- e. 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://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.
- 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.

For Planholder/Authorized Signatory If the planholder is not an individual (e.g. company/business), the signature and title of the authorized signatory is required.

10. Signature of Planholder	11. Printed Name
12. Signature of Authorized Signatory #1 (For Company/Business Planholder)	13. Printed Name and Job Title
14. Signature of Authorized Signatory #2 (For Company/Business Planholder)	15. Printed Name and Job Title
16. Signature of Witness	17. Printed Name
18. Place of Signing	19. Date of Signing (e.g. 01-FEB-2026)

Day Month Year
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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	
<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. 	<p>Download the My Sun Life PH Mobile App at Google App/Play Store or Scan the QR code -></p> <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. 	

20. 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

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List of requirements

Standard Requirements	Name Change Request form Valid ID of Planholder/Company's authorized signatory
Change of Name (For Individual Planholder)	
Due to Marriage	Marriage Certificate issued by Philippine Statistics Authority
Due to Annulment (Change to maiden name)	Annulment Decision with Certificate of Finality coming from the Clerk of Court
Due to Discrepancy/For Addition of Other Legal Name/A.K.A.	Notarized Affidavit of Identity/Discrepancy Birth Certificate issued by Philippine Statistics Authority
Change of Name (For Company/Business Planholder)	
Due to Amendment of Article of Incorporation or Partnership	Certificate of Filing of Amended Articles of Incorporation or Partnership with SEC Amended Articles of Incorporation or Partnership
For Sole Proprietorship	Certificate of Registration with DTI Business Permit
For Cooperative	Certificate of Registration issued by Cooperative Development Authority (CDA) Amended Articles of Cooperation
Due to Incorrect Spelling	Articles of Incorporation or Partnership

- Notes:**
1. For submissions at the Client Service Center, photocopies of requirements may be submitted provided the original copies are presented for verification.
 2. For submissions through mail or email, additional requirements may still be required.
 3. For changes due to other reasons, you may contact us at:
 Email: sunlink@sunlife.com
 SUNLINK Client Care: (+632)88499888
 Toll-free (using PLDT Line): 1-800-10-SUNLIFE (7865433) outside Metro Manila
 8:00 AM - 5:00 PM | Mondays - Fridays
 *Calls outside the Philippines may incur international call charges.