

# Secondary Account Holder Information Form

**IMPORTANT NOTES & INSTRUCTIONS:** Please submit the accomplished Annex B.1 Secondary Account Holder Information Form via email to your SLIMTC Relationship Manager or to your Certified UITF Sales Personnel, along with the required documents. Kindly accomplish one (1) Annex B1 for each Secondary Account Holder of the Account.

Write N/A if the question is not applicable. Sign the form only when completely filled out. Fields with asterisk (\*) are ALL MANDATORY.

## FOR SLIMTC USE ONLY

Account Number

Portfolio/Client Code

### A. SECONDARY ACCOUNT HOLDER CLIENT INFORMATION

|   |  |   |                             |
|---|--|---|-----------------------------|
| <b>1. Date accomplished*</b> (DD-MMM-YYYY)  |  | <b>2. Secondary Account Holder Order*</b> |                             |
| <b>3. Full Name*</b>  | <b>4. Sex at Birth*</b>  | <b>5. Civil Status*</b>                   | <b>6. Nationality*</b>      |
| Last Name*  |  |   | <b>7. Date of Birth*</b>    |
| First Name, Suffix*   |  |   | <b>8. City of Birth*</b>    |
| Middle Name   |  |   | <b>9. Country of Birth*</b> |
| <b>10. TIN*</b>   | <b>11. Government ID Presented*</b>  | <b>ID Number*</b>                         | <b>ID Expiry Date*</b>      |
| <b>12. Address*</b>   | (Address to be indicated should match with the IDs or utility bills presented) |   | ex. (DD-MMM-YYYY)           |
| Floor No./Building/Street/ Barangay*  |  |   |                             |
| City*   | Province/State*  | Country*                                  | Zip Code*                   |
| <b>13. Home Number</b>  | <b>14. Mobile Number*</b>  | <b>15. Email Address*</b>                 |                             |
| <b>16. Employment/Business Name*</b>  | <b>17. Source of Wealth*</b> (indicate all that applies)                       |   |                             |
| Employment/Business Address   |  |   |                             |
| Floor No./Building/Street/ Barangay*  |  |   |                             |
| City*   | Province/State*  | Country*                                  | Zip Code*                   |
| <b>18. Position</b>   | <b>19. Nature of Employment/Business*</b>                                      |   |                             |
| <b>20. Estimated Gross Annual Income*</b>   | <b>21. Expected Mode of Funding*</b>   |   |                             |
| <b>22. Relationship with the Primary Account Holder*</b>  |  |   |                             |
| <b>23. Foreign Account Tax Compliance Act (FATCA) Information</b>   |  | <b>Are you a U.S. Person?*</b>            |                             |
| 23.a A U.S. person is any individual who falls under the following categories: a natural born U.S. citizen, a naturalized citizen of the United States of America, a non-U.S. Citizen who resides in the United States of America for income tax purposes, or a permanent resident of the United States of America with a valid permanent Resident Card (Green Card).   |  |   |                             |
| Your U.S. TIN may be any of the following: U.S. Social Security Number (SSN), Employer Identification Number (EIN), or Individual Taxpayer Number (ITIN). If you are a U.S. Person, but do not have a U.S. TIN, you undertake to provide one within thirty (30) calendar days from submitting this update.  |  |   |                             |
| 23.b Foreign TIN (Other than U.S and PHL)   |  |   |                             |
| 23.c Country of Tax Residence (Other than U.S and PHL)  |  |   |                             |
| <b>24. Is the Client acting as a Trustee or, Agent, either as an individual or through a fiduciary relationship or similar arrangement?*</b> (If yes, please fill out Annex C1 - Legal Arrangement Form)  |  |   |                             |
| <b>25. I am a relative or associated to a person currently/formerly holding a position in any government agency of the Philippines or foreign government or an international organization.*</b> (If yes, please provide the information below)  |  |   |                             |
| 25.a Full Name  |  | 25.c Relationship                         |                             |
| 25.b Government Agency  |  | 25.d Position                             |                             |
| <b>27. Would you like to receive personalized communication and product offers from Sun Life Investment Management and Trust Corporation (SLIMTC); Sun Life of Canada (Philippines), Inc. (SLOCPI); 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?*</b> |  |   |                             |

Sun Life Investment Management and Trust Corporation is a member of the Sun Life group of companies | [www.slimtc.ph](http://www.slimtc.ph)

For inquiries, feedback, requests, or complaint, you may contact us through (02) 8849 9888 or email us at [SLIMTC.Communications.Notice@sunlife.com](mailto:SLIMTC.Communications.Notice@sunlife.com). Sun Life Investment Management and Trust Corporation (SLIMTC) is regulated by the Bangko Sentral ng Pilipinas (BSP). BSP Telephone Number (02) 8708 7087; Email: [consumeraffairs@bsp.gov.ph](mailto:consumeraffairs@bsp.gov.ph); BSP Webchat: <http://www.bsp.gov.ph>