Employee Salary Deduction Form

Sun Life Investment Management

IMPORTANT NOTES & INSTRUCTIONS:
APPLICABLE ONLY TO THE EMPLOYEES OF: SLOCPI, SLAMCI, SLIMTC, SUN LIFE FOUNDATION AND SLFAS

Please submit the accomplished and signed Employee Salary Deduction Form **via email to any SLIMTC Relationship Manager**
Kindly write legibly using **CAPITAL LETTERS**. Mark the box(es) with a "✔" to indicate your choice(s), then sign the form only when completely filled out.

FOR SLIMTC RM USE ONLY

RM Code

A CLIENT INFORMATION

Account Number

Date Accomplished *(mm-dd-yyyy)*

**For submission of this document as part of account opening, kindly leave this blank. Otherwise, please provide your account number.*

Employee Name

Department

Employee No.

B TRANSACTION DETAILS

IMPORTANT NOTE
The minimum additional investment amount / amount to be enrolled in any SLIMTC UITF class A is P5,000. You may select up to **three (3) UITFs** for salary deduction per form.

Application Type: ○ New Enrollment ○ Amendment of Current Enrollment

UITF Name 1:

Unit Class: ○ Unit Class A ○ Unit Class B

Total Amount *(in Figures)*
PHP

Total Amount *(in Words)*

Application Type: ○ New Enrollment ○ Amendment of Current Enrollment

UITF Name 2:

Unit Class: ○ Unit Class A ○ Unit Class B

Total Amount *(in Figures)*
PHP

Total Amount *(in Words)*

Application Type: ○ New Enrollment ○ Amendment of Current Enrollment

UITF Name 3:

Unit Class: ○ Unit Class A ○ Unit Class B

Total Amount *(in Figures)*
PHP

Total Amount *(in Words)*

C CLIENT ACKNOWLEDGEMENT

This is to authorize Sun Life of Canada (Philippines), Inc./ Sun Life Financial Asia Services Limited/ Sun Life Financial - Philippines Foundation, Inc./ Sun Life Asset Management Company, Inc./ Sun Life Investment Management and Trust Corporation (SLIMTC) (collectively, Sun Life) to continuously deduct the abovementioned amount/s from my monthly salary. The deducted amount/s will be subscribed in the SLIMTC UITF/s indicated in this form.

I acknowledge that my investment in the SLIMTC UITF/s is subject to the Fund's Plan Rules. SLIMTC shall process my subscription only upon receipt of actual funds, subject to the cut-off time, from my Human Resources Department. NAVPU applied shall depend on when the subscription is processed.

I understand that in case of my resignation, termination, or separation from Sun Life, my automatic monthly subscription to the SLIMTC UITF/s via salary deduction shall cease.

Should I decide to stop my monthly subscription to the SLIMTC UITF/s via salary deduction, I undertake to inform SLIMTC before the cut-off for the month's payroll processing.

Finally, I understand that should my monthly net pay fall below 45% (or such other threshold as HR Department may determine) of my monthly basic salary, HR Department shall disallow the salary deduction under this form. I undertake to hold Sun Life free and harmless from any loss that I may suffer for this reason.

_____
Employee Signature

FOR SLIMTC USE ONLY

Reviewed & Signature Verified By:

Printed Name	Signature	Date (e.g. dd- mmm-yyyy)

Approved By

Printed Name	Signature	Date (e.g. dd- mmm-yyyy)