

Declaration of Loss (Policy Contract/Plan Agreement)



In this form, **you** and **your** refer to the life insured/policyowner/planholder/company's authorized signatory, while **we**, **us**, **our** and the **Company** refer to either Sun Life of Canada (Philippines), Inc. or Sun Life Financial Plans, Inc., both members of the Sun Life group of companies.

Purpose of the Form:

This form is a request to the Company to (1) issue a Loss of Policy Memorandum (LPM)/Pre-need Contract (Annex A-1) or (2) reprint a policy contract/plan agreement. Note that the LPM/Annex A-1 only contains basic policy/plan information. It is not a replacement of the policy contract or plan agreement.

IMPORTANT NOTES:

You must accomplish and submit completed form and a copy of your valid ID to any of the following: (1) Sun Life of Canada (Philippines), Inc. Policy Change and Reinstatement, Sun Life Centre, 5th Ave. cor. Rizal Drive, Bonifacio Global City, Taguig City, 1634 Philippines, or (2) any of our Client Service Centers. A corresponding fee will apply for the reprinting of the policy contract/plan agreement.

Please write legibly by 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

1a. Policy Owner/Plan Holder

Title	Last (include suffixes like "Jr.", "Sr." & "III")	First	Middle	Other Legal Name
Full Name				

1b. Company/Full Business Name

B Declaration

You declare that you have been unable to find the original policy contract/plan agreement of below mentioned policy/plan and that you have no knowledge of any other person who might be in possession of the policy contract/plan agreement.

You guarantee that the Company can rely on the truthfulness of your declarations for this and all future transactions. You agree to leave the Company free from harm for any loss, cost, or expenses which may result from your statements which were made under oath. This provision is not a waiver by the Company from taking further action, as necessary.

2. Reason for loss of policy contract/plan agreement

Misplaced Destroyed Others _____

C Request Details

3. Policy/Plan Number

4. Type of Request

<input type="checkbox"/> Reprint of Policy Contract (Not all contracts may be reprinted)	<input type="checkbox"/> Pre-Need
<input type="checkbox"/> Issuance of LPM	<input type="checkbox"/> Reprint of Plan Agreement
	<input type="checkbox"/> Issuance of Annex A-1

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://online.sunlife.com.ph/privacy/>.
- 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 privacyconcern@sunlife.com.

5. Signature of Policy Owner/Plan Holder/Company's Authorized Signatory

6. Printed Name

Title	Last (include suffixes like "Jr.", "Sr." & "III")	First	Middle	Other Legal Name
Full Name				



D Signatures (continuation)

7. Signature of Assignee, if any

X

8. Printed Name

Title	Last (include suffixes like "Jr.", "Sr." & "III")	First	Middle	Other Legal Name
Full Name				

9. Signature of Witness

X

10. Printed Name

Title	Last (include suffixes like "Jr.", "Sr." & "III")	First	Middle	Other Legal Name
Full Name				

11. Place of Signing

12. Date of Signing (e.g. 01-JAN-2022)

	Day	Month	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Let us serve you better!

13. We would also like to take this opportunity to encourage you to update your account information through any of the following:

- My Sun Life Client Portal
- Sun Life PH Mobile App

Keep your contact information up to date so that you do not miss any important advisories, invites to events, or client-exclusive promos.

14. Would you like to receive personalized communication and product offers from Sun Life of Canada (Philippines), Inc. (SLOCP); 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

For Office Use Only

Requirements received by	15. Complete Name of Staff	16. Receiving Department/Office
	17. Date Received (e.g. 01-JAN-2022)	18. Time Received
	Day Month Year	<input type="text"/>

Notarization

Before me, a Notary Public for and in the City of _____, this _____ day of _____ 20____, _____ personally appeared before me and exhibited to me his/her (valid ID) _____ issued on _____ at _____, known to me and to me known to be the same person who executed the foregoing document that is duly signed by him/her and acknowledged to me that the same is his/her free and voluntary act and deed, consisting of _____ () pages including this page on which this Acknowledgment is written.

Doc. No. ____;
Page No. ____;
Book No. ____;
Series of 20____.

