Mental Incapacity Benefit

Sun Life

In this form ***you*** and ***your*** refer to the policy owner, while ***we, us, our***, and ***the Company*** refer to Sun Life of Canada (Philippines), Inc., a member of the Sun Life group of companies.

This form is used to appoint the Mental Incapacity Benefit Recipient and elect the Mental Incapacity Benefit Option of your policy, and shall form part of your policy contract.

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

1. Policy Owner (Last Name, First Name, Middle Name, Suffix)
2. Policy Number

B Mental Incapacity Benefit Recipient (MIBR) and Mental Incapacity Benefit Option (MIBO) Change Details

☐ Appoint your MIBR and elect your MIBO
Complete items 3 to 14, then proceed to items 18 and onwards

☐ Remove your appointed MIBR
Complete item 15, then proceed to items 18 and onwards

☐ Update the Information of your MIBR
Complete item 16, then proceed to items 18 and onwards

☐ Change your MIBO
Complete items 17 and onwards

B.1 Appoint the Mental Incapacity Benefit Recipient

Kindly complete the needed information below to appoint the Mental Incapacity Benefit Recipient to your policy.

3. Full Name (Last Name, First Name, Middle Name, Suffix)		4. Sex (at Birth)
5. Other Legal Name (if applicable) (Last Name, First Name, Middle Name, Suffix)		6. Relationship to the life insured
7. Date of Birth (e.g. 01-JAN-2008) Day – Month – Year	8. Country of Birth	
9. Citizenship/Nationality	10. Home Phone Number	11. Mobile Phone Number
12. Complete Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]		
13. Occupation	14. Nature of Business	

B.2 Remove the Mental Incapacity Benefit Recipient

Kindly complete the needed information below to remove the Mental Incapacity Benefit Recipient to your policy.

15. Full Name (Last Name, First Name, Middle Name, Suffix)

B.3 Update the Information of the Mental Incapacity Benefit Recipient

Kindly complete the information below to update or correct any existing Mental Incapacity Benefit Recipient information.

16.

Original Full Name	(Last Name, First Name, Middle Name, Suffix)
☐ New Full Name	(Last Name, First Name, Middle Name, Suffix)
☐ Other Legal Name (if applicable)	(Last Name, First Name, Middle Name, Suffix)
☐ Birthdate (e.g. 01-JAN-2008)	Day Month Year – –
☐ Country of Birth	
☐ Citizenship/Nationality	
☐ Complete Address	
☐ Contact Information	
☐ Others	

B.4 Mental Incapacity Benefit Option

Kindly **select one** of the Mental Incapacity Benefit Options below.

17. ☐ Dividends (Pays the available cash value of any dividend credits less any advances with interest.)*
☐ Surrender (Pays the available guaranteed value of your policy plus the cash value of any dividend credits less any advances with interest. This option will terminate your policy.)

*Provided that your policy has no existing third-party payor, and while the life insured is suffering from Mental Incapacity, Coma, or Major Head Trauma, the Mental Incapacity Benefit Recipient may act as third-party payor of premiums, advances with interest and any other amounts required to continue your policy in force.

Notes:

1. Subject to the approval of the Company, and provided that the life insured has not been diagnosed with Mental Incapacity, Coma, or Major Head Trauma, you may accomplish this Mental Incapacity Benefit form during the life of your policy, provided the following requirements are met:
   a) you and the life insured are the same person at the time you apply for the designation of the Mental Incapacity Benefit Recipient; and
   b) the Mental Incapacity Benefit Recipient must be:
      i. at least eighteen (18) years old at the time you apply for the designation of the Mental Incapacity Benefit Recipient; and
      ii. your spouse, legitimate or illegitimate children, parents, brothers or sisters of the full blood, brothers or sisters of the half-blood, or common-law partner, provided that the latter is not disqualified from being appointed as a beneficiary under a life insurance contract; and
   c) satisfactory evidence of the proposed Mental Incapacity Benefit Recipient is submitted to the Company; and
   d) the irrevocable beneficiaries and assignee, if any, must agree in writing to the requested designation of the Mental Incapacity Benefit Recipient.
2. Subject to the approval of the Company, the appointment or the revocation of the Mental Incapacity Benefit Recipient and the elected Mental Incapacity Benefit Option shall be deemed effective as of the date of the Company's receipt of the request and complete requirements. If no appointment is made nor option is elected, the Mental Incapacity Benefit is not payable.
3. The existing Mental Incapacity Benefit Recipient designation will be automatically revoked if any of the following occurs:
   a) you apply for the designation of the new Mental Incapacity Benefit Recipient and it is approved by the Company; or
   b) you are no longer the insured; or
   c) you are no longer the owner of the policy; or
   d) the Company is notified that there is a judicial guardian appointed for the life insured; or
   e) the Company is notified that you have an enduring power of attorney covering your policy.
4. Revocation of the appointment of the Mental Incapacity Benefit Recipient shall result in the revocation of the elected Mental Incapacity Benefit Option.
5. Adding an irrevocable beneficiary and/or assignee will revoke this Mental Incapacity Benefit form, and you need to submit a new Mental Incapacity Benefit form.

C Compliance with Regulatory Requirements

18. Has there been any change in your citizenship/nationality or country of legal residence?

☐ Yes, you are a citizen/national and a legal resident of _____ (specify country).

☐ Yes, you are a citizen/national of _____ (specify country) but you legally reside in _____ (specify country).

☐ None.

D Signatures

By signing, you confirm your understanding and agreement to the following:

a. You will inform us within 30 calendar days of any change in your circumstances, including but not limited to citizenship/nationality, and submit the applicable documents accordingly.

b. 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.

c. 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.

d. 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 the Company's privacy policy found in https://online.sunlife.com.ph/privacy.

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://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.

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.

g. You declare that, to the best of your knowledge, the information that is found in this form and declaration is complete and accurate.

For Policy Owner or Assignee/Authorized Signatory, if any.

19. Signature of Policy Owner	20. Printed Name
21. Signature of Assignee, if any (For Lender Institution)	22. Printed Name and Job Title
23. Signature of Irrevocable Beneficiary, if any	24. Printed Name
25. Signature of Irrevocable Beneficiary, if any	26. Printed Name
27. Signature of Irrevocable Beneficiary, if any	28. Printed Name
29. Signature of Witness	30. Printed Name
31. Place of Signing	32. Date of Signing (e.g. 01-JAN-2026) Day – Month – Year

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Option 1: Via Client Portal (www.sunlife.com.ph)	Option 2: Via Mobile App
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.	Download the Sun Life PH Mobile App at Apple Store/Play Store, or Scan the QR code -> 1. Login to your 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.

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