

# Notice of Conversion



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

This form must be completed by the Policyholder.

## 1 General Information

Policyholder's Name (Last Name, First Name, M.I.)		Group Policy No.	
Insured's Name (Last Name, First Name, M.I.)		Date of Birth (day/month/year)	
Residence Address (no., street, municipality)			
City	Province	Country	Zip Code
Certificate No.			

## 2 Other Information on Life Insured

Date last reported for work (day/month/year)	Termination Date of Group Life Insurance (day/month/year)
Amount of Life Insurance	
Reason for leaving the company	

## 3 Signatures

This section must be signed by the Policyholder

You agree that the Company shall process your personal data to evaluate, process, and implement the transaction or request that you have initiated. The Company may disclose your personal data to its affiliates, service providers, and other third parties for processing consistent with the foregoing purpose, and to comply with legal obligations, as well as laws and regulations (domestic or foreign).

Your rights include the right to be informed, access your data, and rectify errors in your data. 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](mailto:privacyconcern@sunlife.com).

Authorized Signature for the Policyholder	Printed Name
Title of Authorized Signatory	
Signature of Witness	Printed Name
Place of Signing	Date of Signing (day/month/year)

## 4 For Company Use Only

Processed by	Printed Name	Date of Signing (day/month/year)
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