Plan Transfer Form

In this form *you* and *your* refer to the planholder-transferor or the beneficiary-transferee, as the case may be, while *we, us, our* and *the Company* refer to Sun Life Financial Plans, Inc., a member of the Sun Life Financial group of companies.

The agreement contract of this Plan and the new application completed by the transferee should accompany this Plan Transfer Form.

1 General Information

If reason is due to death, please submit a certified true copy of Death Certificate.

Planholder (LastName,FirstName,M.I.)		Transfer Date (day/month/year)
Plan Name	Plan Number	Reason for transfer ☐ Assignment by planholder ☐ Death of planholder

2 Transferee

You hereby request the Company to effect the absolute and unconditional transfer of all the benefits, rights and privileges and all the obligations under the plan contract to the transferee indicated below in accordance with the pertinent provision of the plan agreement.

Transferee's Name (Last,First,M.I.)			
Residence Address (no., street, municipality)			
City	Province	Country	Zip Code

3 Signatures

This section must be signed by you as the planholdertransferor, the transferee, and irrevocable beneficiary/ies, if any.

If transfer is due to death of the planholder, this section must be signed by you as the beneficiarytransferee, in accordance with the Special Power of Attorney submitted to us and the primary beneficiary/ies.

A minor beneficiary (person below 18 years old) must be represented by his parent or legal guardian.

By signing below, the transferee agrees to assume all the obligations under the plan agreement and is willing to sign a new plan application in his/her name and to fulfill any other condition, which the Company may require by reason of this transfer. The transferee also agrees that he/she acquires only the rights, benefits and privileges which have accrued or are accruing the transferor.

You also agree that no binding agreement is created by the mere signing of this application until it is accepted and approved by Sun Life Financial Plans, Inc. and the (Educational/Pension) Plan agreement containing the General Provisions set forth in this application signed by the duly authorized officials of Sun Life Financial Plans, Inc., issued to you.

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.

Your Signature X	Signature of Transferee X
☐ Revocable	☐ Irrevocable
Signature of Beneficiary over Printed Name X	Signature of Beneficiary over Printed Name X
Place and Date of Signing	Place and Date (day/month/year)
Signature of Beneficiary over Printed Name X	Signature of Beneficiary over Printed Name X
Place and Date of Signing	Place and Date (day/month/year)
Signature of Beneficiary over Printed Name X	Signature of Beneficiary over Printed Name X
Place and Date of Signing	Place and Date (day/month/year)
Signature of Witness X	Printed Name
Place of Signing	Date (day/month/year)

4 For Company use only

The Company hereby agrees to the above request.

Effective Date of Change (day/month/year)	Approver	Date Approved

For other purposes