

# Appointment/Change of Endowment Beneficiary



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 Financial group of companies.

**Purpose of the form:**

This form is used to appoint or change the endowment or maturity beneficiary of your policy.

- For Traditional Policy(-ies), the endowment beneficiary receives endowment payouts at regular intervals (for certain products) while the policy is still in force and the full benefit upon policy maturity.
- For Variable Unit Linked (VUL) Policy(-ies), the maturity beneficiary receives the final endowment payout or the maturity benefit equivalent to the fund value upon maturity.

**IMPORTANT NOTES:**

You must accomplish and submit the completed form and a copy of your valid ID through any of our Client Service Centers or email to [sunlink@sunlife.com](mailto:sunlink@sunlife.com).

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 Number(s)  | <input type="text"/> |      |                      |
| <b>For Individual Policy Owner/Planholder/Investor</b>       |                      |      |                      |
| Last Name  | <input type="text"/> |      |                      |
| First Name   | <input type="text"/> | M.I. | <input type="text"/> |
| <b>For Company/Business Policy Owner/Planholder/Investor</b> |                      |      |                      |
| Company or   | <input type="text"/> |      |                      |
| Business Name  | <input type="text"/> |      |                      |

**B Endowment Beneficiary**

**Reminder:**

A beneficiary who is a minor will be subject to all the laws protecting minors. This includes the representation by a guardian as provided by law.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>Add Beneficiary(-ies)</b><br>Proceed to items 2 to 17, then complete items 21 and onwards | <input type="checkbox"/> <b>Remove Beneficiary(-ies)</b><br>Proceed to items 18 to 19, then complete items 21 and onwards | <input type="checkbox"/> <b>Change of Beneficiary Information</b><br>Proceed to item 20, then complete items 21 and onwards |
|---|---|---|

**B.1 Appoint/Add Endowment Beneficiary(-ies)**

Kindly complete the needed information below to add or appoint endowment beneficiary(-ies) to your policy.

**Endowment Beneficiary #1**

|   |  |   |  |
|---|--|---|--|
| 2. Name (Last Name, First Name, M.I.)/Company or Business Name  |  |   |  |
| 3. Birthdate/Date of Incorporation or Business Registration<br>(e.g. 08-AUG-2008)<br>Day Month Year<br>□□ - □□□ - □□□□  |  | 4. Designation<br><input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable   |  |
| 5. Country of Birth/Incorporation or Business Registration  |  | 6. Citizenship(s)/Nationality(-ies)   |  |
| 7. Relationship to the life insured<br><input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Employer <input type="checkbox"/> Others, specify _____ |  | 8. Beneficiary Type<br><input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent [in the event of death of all primary beneficiary(-ies)] |  |
| 9. Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]  |  |   |  |



## B.1 Appoint/Add Endowment Beneficiary(-ies) (continuation)

### Endowment Beneficiary #2

|   |   |
|---|---|
| 2. Name (Last Name, First Name, M.I.)/Company or Business Name  |   |
| 3. Birthdate/Date of Incorporation or Business Registration<br>(e.g. 08-AUG-2008)<br>Day Month Year<br>□□ - □□□ - □□□□  | 4. Designation<br><input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable   |
| 5. Country of Birth/Incorporation or Business Registration  | 6. Citizenship(s)/Nationality(-ies)   |
| 7. Relationship to the life insured<br><input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Employer <input type="checkbox"/> Others, specify _____ | 8. Beneficiary Type<br><input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent [in the event of death of all primary beneficiary(-ies)] |
| 9. Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]  |   |

## B.2 Remove Endowment Beneficiary(-ies)

|   |
|---|
| 18. Name (Last Name, First Name, M.I.)/Company or Business Name |
| 19. Name (Last Name, First Name, M.I.)/Company or Business Name |

## B.3 Change of Endowment Beneficiary Information

Kindly complete the information below to update or correct any existing endowment beneficiary information.

|   |  |
|---|--|
| 20. Original Endowment Beneficiary Name (Last Name, First Name, M.I.)/Company or Business Name (as it appears in the policy contract) |  |
| Kindly select information to update.  |  |
| For Individual Policy Owner   |  |
| <input type="checkbox"/> Name   | Last Name, First Name, M.I.<br>_____   |
| <input type="checkbox"/> New Other Legal Name(s)  | _____  |
| <input type="checkbox"/> Birthdate (e.g. 08-AUG-2008)   | Day Month Year<br>□□ - □□□ - □□□□  |
| <input type="checkbox"/> Designation  | <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable  |
| <input type="checkbox"/> Country of Birth   | _____  |
| <input type="checkbox"/> Citizenship(s)/Nationality(-ies)   | _____  |
| <input type="checkbox"/> Relationship to the life insured   | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Others, specify _____                 |
| <input type="checkbox"/> Beneficiary Type   | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent [in the event of death of all primary beneficiary(-ies)]  |
| <input type="checkbox"/> Address  | [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]<br>_____ |

### B.3 Change of Endowment Beneficiary Information (continuation)

For Company/Business Policy Owner

Company or Business Name

Relationship to the life insured  Employer  Others, specify

Country of Incorporation or Business Registration

Designation  Revocable  Irrevocable

Date of Incorporation or Business Registration (e.g. 08-AUG-2008) Day Month Year  
--

Business Address   
[No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]

### C Compliance with Regulatory Requirements

Kindly complete the information below to update or correct any existing endowment beneficiary information.

21. Has there been any change in your citizenship(s)/nationality(-ies) or country of legal residence?

Yes, I am a citizen/national and a legal resident of (specify country).

Yes, I am a citizen/national of (specify country) but I legally reside in (specify country).

None

### 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](mailto:privacyconcern@sunlife.com).
- 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.

If the policy owner is not an individual (e.g. company/business), the signature and title of the authorized signatory is required.

For Policy Owner/Authorized Signatory

|  |   |
|--|---|
| 22. Signature of Policy Owner  | 23. Printed Name  |
| 24. Signature of Authorized Signatory #1 (For Company/Business Policy Owner) | 25. Printed Name and Job Title  |
| 26. Signature of Authorized Signatory #2 (For Company/Business Policy Owner) | 27. Printed Name and Job Title  |
| 28. Signature of Witness   | 29. Printed Name  |
| 30. Place of Signing   | 31. Date of Signing (e.g. 08-AUG-2008) Day Month Year<br><input type="text"/> - <input type="text"/> - <input type="text"/> |

**Let us serve you better! Updating made easier. You may now update your contact information via the Client Portal or Mobile App.**

|   |   |
|---|---|
| Option 1: Via <b>Client Portal (www.sunlife.com.ph)</b>   | Option 2: Via <b>Mobile App</b><br><br>Download the <b>Sun Life PH App</b> at App/Play Store or Scan the QR code ->    |
| 1. Visit <b>sunlife.com.ph</b> and click on the <b>Sign In</b> button.<br>2. Click <b>Settings</b> and select edit <b>Contract Details/Mailing Address</b><br>3. Update relevant details then click <b>Save</b> . | 1. Login to your <b>Sun Life PH</b> Mobile App<br>2. Click on <b>Service Request</b> and click <b>Personal Details/Update Mailing Address</b><br>3. Click <b>Edit</b> button on your Mobile, International, Home, Business No., or Email Address and/or on your Permanent, Present, or Business Address<br>4. Update then click <b>Save</b> . |

32. Would you like to receive personalized communication and product offers from Sun Life of Canada (Philippines), Inc. (SLOCPI); Sun Life Financial Plans, Inc. (SLFPI); Sun Life Asset Management Company, Inc. (SLAMCI); and other members of the Sun Life Financial group that may help with your financial needs?       Yes     No

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