

Request for Change in Policy



In this form, *you* and *your* refer to the policy owner/plan holder while *we*, *us*, *our* and *the Company* refer to Sun Life of Canada (Philippines), Inc. and/or Sun Life Financial Plans, Inc., both are members of the Sun Life Financial group of companies.

You hereby request the Company to effect the changes indicated below. Please PRINT clearly. Use BLACK ink.

1 General Information

Policy Owner (Last Name, First Name, M.I.)
Life Insured (Last Name, First Name, M.I.)
Policy Number
Country/ies of Legal Residence other than the Philippines

2 Details of Change/s Requested

Premium

Premium change to <input type="checkbox"/> Non-Smoker

The life insured must fill out a Request for Change in Premium Rate Basis form and undergo Cotinine Test.

Premium Payment Default Option <input type="checkbox"/> Premium Advance <input type="checkbox"/> Paid-Up Insurance <input type="checkbox"/> Paid-Up Term Insurance	Premium Mode <input type="checkbox"/> Yearly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Quarterly
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Paid-Up

Policy to be paid-up in accordance with the provisions in the policy as (please check appropriate box)		
<input type="checkbox"/> Fully Paid-up Life	<input type="checkbox"/> Fully Paid-up Endowment	<input type="checkbox"/> Fully Paid-up Insurance
<input type="checkbox"/> Reduced Paid-up Life	<input type="checkbox"/> Reduced Paid-up Endowment	<input type="checkbox"/> Reduced Paid-up Insurance
<input type="checkbox"/> Paid-up Term Insurance and Pure Endowment, if any		

You hereby authorize Sun Life of Canada (Philippines), Inc. to apply, in full or in part, the guaranteed value less any advances with interest, plus any dividend credits, plus any accumulated endowment benefits, or a combination of these, whichever is appropriate, in the purchase of the above elected paid-up option.

Basic Plan

New Basic Plan	New Basic Amount
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Benefits / Riders

Please specify the benefit/s or rider/s you want added/deleted/changed. Indicate in the second column if the request is for addition, deletion, or change, and specify in the third column the corresponding benefit amount, if applicable.

Benefit	Type of Change	Coverage Amount

Other Changes



3 Corrections and Amendments

For Company use only

4 Acknowledgment and Agreement

This section must be signed by you as the policy owner/plan holder, all of your irrevocable beneficiaries, if any, by the Assignee, if any, and by the appropriate person as indicated.

By signing, you hereby agree that:

- a. this request and any other relevant declaration will form part of the policy/plan;
- b. any Suicide Provision and any Incontestability Provision in the policy/plan will apply to additional benefits added to the policy/plan as a result of this request, except that the period in years will be measured from the effective date of this change;
- c. the Company may correct any errors or omissions made in the completion of this request;
- d. 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;
- e. 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;
- f. You acknowledge that the Company, its employees, duly authorized representatives, related companies, third party service providers, and vendors shall process and share your, the insured's and the beneficiary'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;
- g. 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.
- h. 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>;
- i. 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.

4 Acknowledgment and Agreement (continuation)

Signature of Policy Owner/Plan Holder X	Printed Name
Date of Signing (e.g. 01-APR-2020) DAY MONTH YEAR <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Place of Signing
Signature of Witness	Printed Name
Address of Witness (no., street, municipality/city, province, country, zip code)	
Date of Signing (e.g. 01-APR-2020) DAY MONTH YEAR <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Place of Signing
Signature of Irrevocable Beneficiary X	Printed Name
Date of Signing (e.g. 01-APR-2020) DAY MONTH YEAR <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Place of Signing
Signature of Witness	Printed Name
Address of Witness (no., street, municipality/city, province, country, zip code)	
Date of Signing (e.g. 01-APR-2020) DAY MONTH YEAR <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Place of Signing
Signature of Assignee X	Printed Name
Date of Signing (e.g. 01-APR-2020) DAY MONTH YEAR <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Place of Signing
Signature of Witness	Printed Name
Address of Witness (no., street, municipality/city, province, country, zip code)	
Date of Signing (e.g. 01-APR-2020) DAY MONTH YEAR <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Place of Signing

5 For Company Use Only

The Company hereby agrees to the above requests and the policy/plan is changed as follows :

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Total Premium/Installment	Mode of Payment <input type="checkbox"/> Yearly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
Schedule of Extra Premium Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy Rewritten to Effect Change <input type="checkbox"/> Yes <input type="checkbox"/> No
Effective Date of Change (e.g. 01-APR-2020) DAY MONTH YEAR <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Processor