

# Sun Synergy Client Authorization Form

Head Office: 8th Floor Sun Life Centre, 5th Avenue corner Rizal Drive, Bonifacio Global City, Taguig City, Metro Manila  
For inquiries, please call (02) 849-9888 or email sunlink@sunlife.com



The Sun Life Prosperity Funds are managed and distributed by Sun Life Asset Management Company, Inc. ("SLAMCI"), a member of the Sun Life Financial group of companies.

PRINT clearly. Use BLACK ink. Indicate N/A if question is not applicable.

## General Information

Full Name of Investor/s (LAST NAME, FIRST NAME, MIDDLE NAME) (include co-investor's name, if any)
Policy Owner/Insured

## Life Insurance - Mutual Fund Combination

- New Life Insurance Application  Existing Life Insurance

By signing below you acknowledge and agree that:

### A. Initial Transaction

- You are buying distinct products of the same currency which are only being sold simultaneously for your own convenience.
- The approval of a Sun Life of Canada (Philippines), Inc. (SLOCPI) product does not automatically guarantee approval of the SLAMCI product and vice versa.
- If your mutual fund investment application documents are found to be complete, and the check payment you issued to SLAMCI for the mutual fund investment is cleared in the banking system, the amount may be invested by SLAMCI, regardless of the status of the life insurance application.
- If the life insurance application is approved/settled, and the check you issued to SLOCPI for the life insurance application is cleared in the banking system, the policy contract will be finalized regardless of the status of the mutual fund application.
- Your mutual fund investment will be placed in your chosen Sun Life Prosperity Fund that should match the currency denomination of the chosen or existing Life Insurance Product. Applicable sales load (either front-end or back-end) will be charged as further shown by your selection below:

MF Account No./Order Ticket No.	Fund Name	Sales Load

- The projected returns on the mutual fund investment are not guaranteed. As such, the returns on the investment may or may not be sufficient to cover the life insurance premium. Any redemption/s in addition to the redemptions which you have authorized SLAMCI to make on your behalf may result in insufficiency of your funds to cover the life insurance premium.
- In the event that the life insurance application is declined, SLOCPI will issue a check payable to the policy owner, representing the amount of premium to be refunded.
- In the event that the mutual fund application is rejected, SLAMCI will issue a check payable to the investor, representing the amount of investment to be refunded.
- A stock certificate will not be issued unless requested for in writing. Investors who do not elect to receive a stock certificate shall have the same right of ownership as if certificates had been issued to them.
- You shall hold SLAMCI and SLOCPI free from any liability arising from any unpaid life insurance premium as a result of insufficiency of funds or due to loss or late surrender of your share certificate.

### B. Payment of Subsequent Life Insurance Premiums

- SLAMCI is authorized to redeem shares from your investment accounts and pay the proceeds to SLOCPI for the identified life insurance premiums in accordance with the following schedule:

Redemptions request under Front-end sales load:

MF Account No.	Period	Policy No./App. Serial No.
	From Policy Year _____ to _____	

Redemptions request under Back-end sales load:  10% Back-end Waived Redemption (once a year privilege)

MF Account No.	Period	Policy No./App. Serial No.
	From Policy Year _____ to _____	



**B. Payment of Subsequent Life Insurance Premiums (continuation)**

2. If you are not the policy owner of the identified life insurance, you hereby warrant that you are duly authorized by the policy owner to enter into this payment arrangement and shall hold harmless SLOCPI/SLAMCI against any liabilities that may arise due to your representation.
3. Redemption will be made at least eleven (11) calendar days before the due date of the renewal premium.
4. Proceeds from shares redeemed may be more than the amount of the life insurance premiums. Any overpayment will be used as deposit for the next premium due.
5. Should you opt to pay your life insurance premium directly from a different source, you shall inform SLAMCI Investor Services by sending a letter of notification at least thirty (30) calendar days before next premium due date to avoid overpayment.
6. Should your chosen investment account/s becomes insufficient to cover the identified life insurance premium at least eleven (11) calendar days before the premium due date, SLAMCI is authorized to redeem from your other Peso investment accounts and use the proceeds thereof to pay the premiums.
7. Should there be a scheduled redemption under 10% back-end privilege or any additional redemptions outside of Sun Synergy under back-end sales load that fall within the 5-year holding period, deferred sales charges shall be applied.

**Terms and Conditions****Personal Information and Information updates**

In compliance with local and foreign regulatory requirements, I agree to inform you within thirty (30) calendar days of the change in my circumstances, which makes any information on any document I submitted incorrect, and provide a new or updated identification document when required. I acknowledge and agree that if I have a U.S. address, contact information or certain indicia of a U.S. Person as defined under FATCA regulations, I will be required to submit a government-issued identification document and complete a Form W-9, W-8BEN or W-8BEN-E. With regard to the above, I agree that, when required by law, regulation or otherwise to provide all information on my local and/or foreign tax status and account(s), SLAMCI may disclose such information to competent authority or its delegate involved in processing, collecting, transferring or disclosing the relevant information. Where a separate waiver is required to provide the required information to competent authority or its delegate, I undertake to provide such waiver in an acceptable format.

I authorize SLAMCI to process and disclose my personal and sensitive personal information to relevant third parties so that it can provide me with better and appropriate service and assistance relative to my financial needs.

For more information about and complete text of our privacy policy, please visit <https://apps.sunlife.com.ph/privacy>.

**Rated and Declined Insurance Policy Application**

In the event that the life insurance is found rated, the payor will issue a separate additional payment to SLOCPI for the 1st year annual premium. For the renewal premium, you hereby authorize SLAMCI to redeem the amount equivalent to the adjusted/true premium of the Insurance Policy.

**Automatic Termination of Sun Synergy**

Your enrollment to Sun Synergy shall automatically terminate when:

1. The insurance policy is declined
2. Upon surrender of the life insurance policy
3. Lapsation of the life insurance policy
4. Upon waiver of the premium by SLOCPI
5. Upon full redemption of all Peso mutual fund investment or demise of the mutual fund investor
6. Upon suspension or freezing of life insurance or mutual fund investment account by authorities

**Declaration**

1. You have read and agreed to all the terms and conditions on the other side of this form, the most recent copy of the prospectus of the Fund/s and you shall comply with all relevant laws/regulations in relation to your investment and policy.
2. This arrangement does not in any way modify the life insurance contract.
3. This Application and related documents shall be governed by and construed in accordance with the laws of the Republic of the Philippines and any legal action arising thereupon shall be filed exclusively before the appropriate courts of Makati City.

Signature of MF Investor X	Date of Signing (day/month/year)
Printed Name of MF Investor	Place of Signing
Signature of MF Co-Investor X	Date of Signing (day/month/year)
Printed Name of MF Co-Investor	Place of Signing
Signature of Policy Owner X	Date of Signing (day/month/year)
Printed Name of Policy Owner	Place of Signing
Signature of MF Advisor X	MF Representative's Code
Printed Name of MF Advisor	Date of Signing (day/month/year)

One copy each for: 1) SLAMC Investor Services 2) Client 3) MF Advisor