

IMPORTANT NOTES & INSTRUCTIONS:

This **Account Information Form - Individual** is composed of Sections A to E, including the Annex Sheets, if required. The accomplished and signed form must be submitted via email to your SLIMTC Relationship Manager or to your Certified UITF Sales Personnel, along with the required documents. All signed documents shall be treated as original copies.

Please write legibly using **CAPITAL LETTERS**. Write **N/A** if the question is not applicable. Mark the box(es) with a “✓” to indicate your choice(s), then **sign the form** only when completely filled out. Fields with asterisk (*) are **ALL MANDATORY**.

FOR SLIMTC USE ONLY

Account Number

Portfolio Code (For segregated mandates)

A GENERAL INFORMATION

IMPORTANT NOTE

For joint accounts who wish to add another account holder, please accomplish this form completely and Annex B1 - Secondary Account Holder Client Information.

1. Client Name/s

2. Date accomplished* (mm-dd-yyyy)

3. Account type*

Single Joint OR Other (Please specify)

4. Purpose*

Account Opening Addition of Account Holder - for joint accounts only (please specify account number below)

5. Product Type*

Investment Management Account (IMA) Retirement Plan Corporate Trust Unit Investment Trust Fund (UITF)

Other (Please specify)

B PRIMARY ACCOUNT HOLDER CLIENT INFORMATION

IMPORTANT NOTE

For Joint Account, all notices, updates and/or correspondences related to the account will be sent to the primary account holder.

Client Code (to be filled out by SLIMTC)

PERSONAL INFORMATION

6. Primary Account Holder Full Name*

First Name

Middle Name

Last Name

Suffix (e.g., SR., JR., III)

7. Sex at birth*

Male Female

8. Date of birth* (mm-dd-yyyy)

9. Place of birth* (City/Province, Country)

10. Citizenship/Nationality*

11. Civil Status*

Single Married Divorced Legally separated Annulled
 Widowed Common Law

12. Spouse's Full Name

First Name

Middle Name

Last Name

Suffix (e.g., SR., JR., III)

13. Government ID Presented*

14. Government ID Number*

15. Government ID Expiry Date* (mm-dd-yyyy)

16. PH Tax Identification Number (TIN)*
(xxx-xxx-xxxx)

17. SSS Number or GSIS Number*

18. Expected mode of funding* (select all that applies)

- Bank transfers from within the Philippines
- Bank transfers from outside of the Philippines
- Others (please specify)

19. Source/s of Wealth* (select all that applies)

- Business Ownership (Private Equity, Venture Capital etc.)
- Income from Business Operations
- Income from Employment
- Inheritance
- Family Wealth
- Investment Activities
- Legal Settlement
- Personal Wealth / Sale of Personal Assets (Real Estate, Properties etc.)
- Others (please specify)

CONTACT INFORMATION

20. Permanent Address* (please completely fill out the fields below)

Unit / Floor No., Building Name, Building No., Street, Subdivision/Village, Barangay City/Municipality

Province/State

Country

Zip Code

21. Present Address* (please completely fill out the fields below)

Same as new permanent address

Unit / Floor No., Building Name, Building No., Street, Subdivision/Village, Barangay City/Municipality

Province/State

Country

Zip Code

22. Preferred Mailing Address*

- Permanent address
- Present address

23. Home Phone Number*

(e.g. +632XXXXXXX)

24. Mobile Phone Number*

(e.g. 9XXXXXXX)

25. Email Address*

BUSINESS/EMPLOYMENT INFORMATION*

26. Employment Type*

- Self-employed
- Public Employee
- Private Employee
- Retired
- Other (Please specify)

27. Business/Employer Name*

28. Position/Occupation*

29. Business/Employer Address* (please completely fill out the fields below)

Unit / Floor No., Building Name, Building No., Street, Subdivision/Village, Barangay City/Municipality

Province/State

Country

Zip Code

30. Nature of Business / Employment*

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Academe / Education | <input type="checkbox"/> Accounting / Accountant | <input type="checkbox"/> Agriculture / Forestry / Fishing | Financial Services (please choose one) |
| <input type="checkbox"/> Arts / Entertainment | <input type="checkbox"/> Charity/Social Work | <input type="checkbox"/> Consultancy | <input type="checkbox"/> Bank |
| <input type="checkbox"/> Gaming - Gambling | <input type="checkbox"/> Government | <input type="checkbox"/> Health | <input type="checkbox"/> Virtual / Digital Currency Provider |
| <input type="checkbox"/> Hospitality Industry | <input type="checkbox"/> Information and Communication | <input type="checkbox"/> Legal / Lawyer | <input type="checkbox"/> Money Service Bureaus / Remittance / Foreign Exchange |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining | <input type="checkbox"/> Military Defense / Security/ Energy / Utilities | <input type="checkbox"/> Wealth Management / Asset Management |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Science / Research | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Transportation and Storage | <input type="checkbox"/> Wholesale Trade | | <input type="checkbox"/> Non-Bank Financial Services |
| | | | <input type="checkbox"/> Others (please specify) <input style="width: 150px;" type="text"/> |

31. Estimated Regular Annual Income (in Philippine Peso)

Under 10 M 10 M to 50M 51M to 100M Over 100 M

32. I am an Officer or Director of a listed company.*

Yes (Please indicate the company name) No

33. I am a relative or associated to a person currently / formerly holding a position in any branch of the Philippine or foreign government or an international organization.*

Yes (Please indicate relationship with the personnel) No

34. Foreign Account Tax Compliance Act (FATCA) Information*

34a. Are you a US Person?

Yes, with U.S. Taxpayer Identification Number (TIN) No

A U.S. person is any individual who falls under the following categories: a natural born U.S. citizen, a naturalized citizen of the United States of America, a non-U.S. Citizen who resides in the United States of America for income tax purposes, or a permanent resident of the United States of America with a valid permanent Resident Card (Green Card)

Your U.S. TIN may be any of the following: U.S. Social Security Number (SSN), Employer Identification Number (EIN), or Individual Taxpayer Number (ITIN). If you are a U.S. Person, but do not have a U.S. TIN, you undertake to **provide one within thirty (30) calendar days from submitting this update.**

34b. Foreign TIN (Other than US and PHL)

34c. Country of tax residence (other than US and PHL)

C OTHERS

35. Related Party Entity/Individual*

A Related Party is an Individual or an Entity that belong to the following: subsidiaries, affiliates and special purpose entities which SLIMTC exerts direct/indirect control or which exerts direct/indirect control over SLIMTC; directors, officers, and stockholders ("DOS"); close family members of DOS; related interests; corresponding persons in affiliated companies; and any person or juridical entity whose interest may pose potential conflict with the interest of SLIMTC.

Is the Client a Related Party?*

Yes (Please indicate your relationship with SLIMTC) No

36. Is the Client acting as a Trustee or, Agent, either as an individual or through a fiduciary relationship or similar arrangement?*

Yes (Please fill out Annex C1 - Legal Arrangement Form) No

D TERMS AND CONDITIONS

Unless the context requires otherwise, you and your refer to (all) the client/individuals and/or your Authorized Representative(s), as may be applicable, while *we, us, our,* and the Company refer to Sun Life Investment Management and Trust Corporation (SLIMTC).

IMPORTANT INFORMATION ON PROCEDURES FOR OPENING A NEW ACCOUNT

Any information provided in this Form, will be used to allow the Company to identify you and/or verify your information. This is to ensure that we protect you, your application, and your transaction with the Company from being used for money laundering and terrorist financing activities.

Compliance with the Data Privacy Act of 2012 (Republic Act No. 10173)

You agree that the Company shall process your personal data to: a) evaluate your application and administer your account; b) process transactions and enforce/fulfill contractual rights/obligations; c) improve the provision of products and services (including improvement in systems and business processes, data analytics, automated processing, etc.); d) comply with legal obligations, as well as laws and regulations (domestic or foreign); and e) manage risks and pursue its legitimate interests, including verifying and obtaining additional personal data from third party sources. The Company may disclose your personal data to its affiliates, service providers, regulators, and other third parties for processing consistent with the foregoing purposes, who shall be bound by contractual or other reasonable means to protect your personal data.

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 privacy.slimtc@sunlife.com.

Your personal data shall be retained for the duration of your coverage under your plan or throughout the existence of your account(s) and/or upon the later of the expiration of the retention limit set by Company standards, laws and regulations, counted from account closure. You certify that you understand and agree with the declarations and authorizations above and the Company's privacy policy at <https://online.sunlife.com.ph/privacy>.

Compliance with the Foreign Account Tax Compliance Act (FATCA)

The Foreign Account Tax Compliance Act (FATCA) requires us to identify, collect, and report tax-related information of our clients.

You agree to inform us within thirty (30) calendar days of any change in your circumstances, which makes inaccurate in this form any previously declared information in FATCA; and provide an updated form to SLIMTC. You also agree for us to disclose your local and/or foreign tax status to the appropriate authority in accordance with the applicable law and/or regulation.

Recording of Telephone Conversations

Subject to any applicable law, you agree that the Company may record its telephone conversations with you and use such recording or transcript in any dispute in connection with the services provided to you and/or disclose the same to any regulatory authority having jurisdiction over the Company when so ordered by the relevant regulatory authority.

Applicable Laws

This application and related documents shall be governed by and interpreted in accordance with local or foreign laws that apply to SLIMTC. Any legal action arising thereupon shall be filed exclusively before the courts of Makati City, Philippines.

E CLIENT ATTESTATION

By signing below, you confirm that:

- a. All information provided in this Form are true, correct, and complete.
- b. The funds where your investments are sourced from were not generated from, or in any way related to, any of the unlawful activities listed in the Anti-Money Laundering Act (AMLA) and the Terrorism Financing Prevention and Suppression Act (TFPSA).
- c. You consent to be bound by the obligations set out in the AMLA, TFPSA, and relevant United Nations Security Council Resolutions (UNSCR) relating to the prevention and suppression of terrorism, terrorist financing, and financing of proliferation of weapons of mass destruction, including the freezing and unfreezing actions as well as prohibitions from conducting transactions with designated persons and entities. In this regard, you authorize the Company to freeze and unfreeze your account pursuant to UNSCR and issuances of the Anti-Money Laundering Commission (AMLC), regardless of the filing of civil forfeiture proceedings.
- d. You agree to immediately send the required/updated information to SLIMTC if any of the above information has changed, every three (3) years after account opening, or anytime upon SLIMTC's request. Otherwise, the Company may terminate your account with us. Further, you agree that prior to our receipt of updated information, we may continue to rely and act on the basis of information you have previously provided to us.
- e. You agree that for notifications, updates and communications regarding your account, SLIMTC will use your nominated email address as the main communication channel.
- f. Electronic or digital signatures or sign-in-wraps utilized in the Forms you submit to us shall have the same force and effect as a manual signature. You understand the risks and assume full responsibility for all your electronic transactions, and warrant that SLIMTC can rely on your electronic signatures and/or instructions via electronic means. We shall not be liable for acting upon such instructions, notices or requests nor shall we be obliged to investigate the authenticity of your instructions, notices or requests or verify the accuracy and completeness of such instructions, notices or requests. However, we may, in our sole discretion and without liability, refuse to immediately act on your instruction or request if we reasonably believe that the same is fraudulent. Should SLIMTC, at any time, require the physical versions of the documents you submitted electronically, you agree to provide them without delay.
- g. We can make adjustments to your account(s) to correct any error. For any violation of our terms/conditions/policies, we reserve the right to terminate your account and charge you a fee.
- h. You, acting as trustee or agent, have obtained and hold adequate, accurate, and current information on the identity of the trustor, principal or grantor, or beneficiaries of this arrangement. You further undertake that you shall make available to SLIMTC and any regulatory authority having jurisdiction over it, to the extent allowed by law, information on the beneficial ownership and the assets subject of the legal arrangement to be held or managed under the terms of the said arrangement.
- i. If you chose a joint account, the secondary account holders confirm that:
 - i. You agree that except for instances that we need to communicate with all joint account holders, the account holder nominated to receive notices, updates, and/or communications in this form shall be notice to all of you. You likewise agree to hold us free and harmless from, and to indemnify us for, any loss or liability that may arise from us acting on your signed instruction/s as indicated below.
 - ii. Will individually submit the Annex B1 - Secondary Account Holder Client Information Form, where all of your personal information and declarations are set out, true, correct, and complete.
 - iii. Agree to be jointly bound with the primary account holder under a joint account arrangement.
 - iv. Understand and agree with the details concerning the joint account as stipulated in section D.
- j. You hereby confirm the Client Disclosure Statement:
 - i. I/we received sufficient information about the product and/or service that we are acquiring/onboarding from Sun Life Investment Management and Trust Corporation (SLIMTC). Such information was presented to me/us in a clear, concise, accurate, and understandable, manner.
 - ii. The terms and conditions, features, risks, fees, and charges of the product and/or service that we are acquiring/ onboarding were made known to me/us and we understand the same.
 - iii. A copy of the proposal and/or product disclosure was provided to me/us, and I/we were given enough time to review and understand the terms and conditions of the product and/or service prior to the signing of the contract/agreement or executing the transaction.
 - iv. I/we were informed of our rights and obligations, as well as the rights and obligations of SLIMTC, under the product and/or service we are acquiring/onboarding.

(NOTE: For joint accounts, ALL account holders must sign below)

Primary Account Holder

Printed Full Name

Specimen Signature

Specimen Signature

Specimen Signature

Place of signing (City/Municipality, Country)

Date Signed (e.g. mm-dd-yyyy)

39. Would you like to receive marketing, advertising and promotional materials, including, but not limited to, press releases, newsletters, brochures, promotions and other publications related to Sun Life and its affiliates?

Yes No

Secondary Account Holder (1)

Printed Full Name

Specimen Signature

Specimen Signature

Specimen Signature

Place of signing (City/Municipality, Country)

Date Signed (e.g. mm-dd-yyyy)

Secondary Account Holder (2)

Printed Full Name

Specimen Signature

Specimen Signature

Specimen Signature

Place of signing (City/Municipality, Country)

Date Signed (e.g. mm-dd-yyyy)

Secondary Account Holder (3)

Printed Full Name

Specimen Signature

Specimen Signature

Specimen Signature

Place of signing (City/Municipality, Country)

Date Signed (e.g. mm-dd-yyyy)

Secondary Account Holder (4)

Printed Full Name

Specimen Signature

Specimen Signature

Specimen Signature

Place of signing (City/Municipality, Country)

Date Signed (e.g. mm-dd-yyyy)

By signing below, you confirm that:

- a. You obtained satisfactory evidence to establish the accuracy of the information in this form and the Client/s' true identity.
- b. You met the Client/s personally or via video conference to perform the appropriate account onboarding and Client Suitability Assessment (CSA) processes.
- c. You verified that the Client personally signed the form, whether physically or electronically.
- d. To the best of your knowledge, the Client/s is not engaged in any unlawful activity as mentioned in the Anti-Money Laundering Act (AMLA); and any amount that the Client will invest comes from legitimate sources. If at any time, in your opinion, the credibility of the Client/s' financial sources becomes questionable, you are required to immediately inform SLIMTC in writing to provide any other information needed to comply with local and foreign laws.
- e. You have confirmed with the Client/s that he/she is a permanent resident of the Philippines at the time of the transaction and you have no reason to believe otherwise.
- f. You advised the Client/s that transactions will only be processed upon submission of complete information, documentary requirements, and cleared funds.
- g. You have accurately represented the nature and structure of the product and/or service, terms and conditions, fundamental benefits and risks, detailed breakdown of the pricing, or any cost associated with the product and service.
- h. You performed sufficient research to align product selection with the Client/s' risk profile and informed the investor(s) that incomplete or inaccurate information regarding their financial knowledge and experience may impede the ability to accurately assess product suitability due to the limited information provided.
- i. You explained all the risks related to the investment, in case this differs from the recommended product(s).
- j. You made full disclosure to the Client/s that you receive compensation on a commission basis from the sale of investment products.
- k. You agree to be bound by any disciplinary body of SLIMTC and/or any regulator and be subject to appropriate action for any confirmed violation of the above.

Select the mode by which account onboarding was conducted on the Client/s:

- In-person (face-to-face) Remote/digitally-enabled selling (via video conferencing applications)

Distribution channel

- Head Office Certified UITF Sales Personnel (Individual Agent)

Relationship Manager / Certified UITF Sales Personnel Name and Signature

Printed Name	Signature
Place of signing (City/Municipality, Country)	Date Signed (e.g. mm-dd-yyyy)

Advisor / RM Code

NBO Code

FOR SLIMTC USE ONLY

Interviewed by

Printed Name	Signature	Date (e.g. mm-dd-yyyy)

Signature Verified by

Printed Name	Signature	Date (e.g. mm-dd-yyyy)

Approved by

Printed Name	Signature	Date (e.g. mm-dd-yyyy)