

Beneficiary Change Request (Pre-Need Plan)



In this form *you* and *your* refer to the planholder, while *we*, *us*, *our*, and *the Company* refer to Sun Life Financial Plans, Inc., a member of the Sun Life group of companies.

Purpose of the form:
This form is used to change the designated beneficiaries who will receive the benefits in the event of the planholder’s death.

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.

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.

This form is used only after the plan has been issued.

AGeneral Information

1. Plan Number(s)			
For Individual Planholder			
Last Name			
First Name		M.I.	
For Company/Business Planholder			
Company or Business Name			

BBeneficiary Change Details

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.

☐ **Add Beneficiary(-ies)**
Proceed to items 2 to 21, then complete items 25 and onwards

☐ **Remove Beneficiary(-ies)**
Proceed to items 22 to 23, then complete items 25 and onwards

☐ **Change of Beneficiary Information**
Proceed to item 24, then complete items 25 and onwards

B.1Add Beneficiary(-ies)

Kindly complete the needed information below to add beneficiary(-ies) to your plan. If there are more than 2 additional beneficiaries, you may submit another page 2.

Beneficiary #1

2. Name (Last, First, M.I.)/Company or Business Name	
3. Sex (at birth) <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Birthdate (e.g. 01-APR-2020) Day Month Year <div><div></div><div></div><div>-</div><div></div><div></div><div></div><div>-</div><div></div><div></div><div></div></div>
5. Country of Birth/Incorporation or Business Registration	6. Citizenship(s)/Nationality(-ies)
7. Relationship to the planholder <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Employer <input type="checkbox"/> Others, specify _____	8. Beneficiary Type <input type="checkbox"/> Primary <input type="checkbox"/> Contingent [in the event of death of all primary beneficiary(-ies)]
9. Designation <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	10. Home Phone/Mobile No. (country code, area code & tel. no.)
11. Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]	



B.1

Add Beneficiary(-ies) (continuation)

Beneficiary #2

12. Name (Last, First, M.I.)/Company or Business Name	
13. Sex (at birth) <input type="checkbox"/> Male <input type="checkbox"/> Female	14. Birthdate (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"/>
15. Country of Birth/Incorporation or Business Registration	16. Citizenship(s)/Nationality(-ies)
17. Relationship to the planholder <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Employer <input type="checkbox"/> Others, specify _____	18. Beneficiary Type <input type="checkbox"/> Primary <input type="checkbox"/> Contingent [in the event of death of all primary beneficiary(-ies)]
19. Designation <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	20. Home Phone/Mobile No. (country code, area code & tel. no.)
21. Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]	

B.2

Remove Beneficiary(-ies)

Kindly complete the information below to remove existing beneficiary(-ies).

22. Name (Last, First, M.I.)/Company or Business Name
23. Name (Last, First, M.I.)/Company or Business Name

B.3

Change of Beneficiary Information

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

24. Original Beneficiary Name (Last Name, First Name, M.I.)/Company or Business Name (as it appears in the plan agreement)	
Kindly select information to update.	
For Individual Planholder	
<input type="checkbox"/> Name	Last, First, M.I. <input type="text"/>
<input type="checkbox"/> New Other Legal Name(s)	<input type="text"/>
<input type="checkbox"/> Sex (at birth)	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Birthdate (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"/>
<input type="checkbox"/> Country of Birth	<input type="text"/>
<input type="checkbox"/> Citizenship(s)/Nationality(-ies)	<input type="text"/>
<input type="checkbox"/> Relationship to the planholder	<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"/> Designation	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
<input type="checkbox"/> Home Phone/Mobile No. (country code, area code & tel. no.)	<input type="text"/>
<input type="checkbox"/> Address	[No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)] <input type="text"/> <input type="text"/>

B.3

Change of Beneficiary Information (continuation)

For Company/Business Planholder

☐ Company or Business Name

☐ Relationship to the life insured

☐ Employer

☐ Others, specify _____

☐ Country of Incorporation or Business Registration

☐ Designation

☐ Revocable

☐ Irrevocable

☐ Business Phone/Mobile No. (country code, area code & tel. no.)

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

☐ Business Address

C

Compliance with Regulatory Requirements

The following information is collected for regulatory compliance.

25. 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:

- a. 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.
- b. You acknowledge that the Company, its employees, duly authorized representatives, related companies, third party service providers, and vendors, shall process and share your information, with any person or organization to

(i) service this account,

(ii) process transactions and enforce the agreement, 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.
- c. 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://apps.sunlife.com.ph/privacy>.
- d. 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 plan agreement or their representatives in relation to the processing of this request.

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

For Planholder/Authorized Signatory

26. Signature of Planholder	27. Printed Name
28. Signature of Authorized Signatory # 1 (For Company/Business Planholder	29. Printed Name and Job Title
30. Signature of Authorized Signatory # 2 (For Company/Business Planholder)	31. Printed Name and Job Title
32. Signature of Witness (a third-party or anyone who is not the planholder, or beneficiary)	33. Printed Name
34. Place of Signing	35. Date of Signing (01-APR-2020) <div><div>Day</div><div>Month</div><div>Year</div><div><div><div></div><div></div></div><div>-</div><div><div></div><div></div></div><div><div></div><div></div></div><div>-</div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div></div></div>

D

Signatures (continuation)

For Irrevocable Beneficiary, if any [Applicable only for Insurance Rider (GYRT)]

36. Signature of Irrevocable Beneficiary # 1	37. Printed Name
38. Signature of Witness (a third-party or anyone who is not the planholder, or beneficiary)	39. Printed Name
40. Place of Signing	41. Date of Signing (01-APR-2020) <div>DayMonthYear<div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div><div></div><div></div></div></div>
42. Signature of Irrevocable Beneficiary #2	43. Printed Name
44. Signature of Witness (a third-party or anyone who is not the planholder, or beneficiary)	45. Printed Name
46. Place of Signing	47. Date of Signing (01-APR-2020) <div>DayMonthYear<div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div><div></div><div></div></div></div>

Let us serve you better!

Should there be any change in your information, kindly complete the section below.

48. Mailing Address (P.O. Box is not acceptable) <div><input type="checkbox"/> Permanent Home Address<input type="checkbox"/> Present Home Address<input type="checkbox"/> Work Address</div>			
49. Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]			50. Zip Code
51. Work Phone (country code, area code, & tel. no., e.g. +63285558888)		52 Home Phone (country code, area code, & tel. no., e.g. +63285558888)	
53. Mobile Phone (country code & mobile no., e.g. +639123456789)		54. Email Address	

55. Do you want us to update the information on all your existing Life Insurance Policies and Pre-need Plans? (Considered NO if unanswered)
☐ Yes ☐ No [Only plan(s) specified in this form will be changed]

56. 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 group that may help with your financial needs? ☐ Yes ☐ No

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