

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 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 insured’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](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.

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

A

General Information

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

B

Beneficiary Change Details

Reminders:

Revocable Beneficiary(-ies)

can be changed by the owner of the policy(-ies) without the consent of the beneficiary.

Irrevocable Beneficiary(-ies)

are those who, while they exist or are living, must give their written consent to:

a. Their removal

b. Their replacement

c. The assignment of the policy as collateral security

d. The transfer of ownership of the policy

e. Financial transactions affecting this/these policy(-ies) (e.g. policy advance, policy surrender, or fund withdrawal)

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.

If you specify percentage sharing, the share of a beneficiary who dies while the insured is alive will be equally distributed among the surviving co-beneficiaries.

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.1

Add Beneficiary(-ies)

Kindly complete the needed information below to add beneficiary(-ies) to your policy. 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)	4. Birthdate (e.g. 01-APR-2020)
<div><div><div></div><div>Male</div></div><div><div></div><div>Female</div></div></div>	<div><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>
5. Country of Birth/Incorporation or Business Registration	6. Citizenship(s)/Nationality(-ies)
7. Relationship to the life insured	8. Beneficiary Type
<div><div><div></div><div>Father</div></div><div><div></div><div>Mother</div></div><div><div></div><div>Employer</div></div><div><div></div><div>Others, specify</div></div></div>	<div><div><div></div><div>Primary</div></div><div><div></div><div>Contingent [in the event of death of all primary beneficiary(-ies)]</div></div></div>
9. Designation	10. Home Phone/Mobile No. (country code, area code & tel. no.)
<div><div><div></div><div>Revocable</div></div><div><div></div><div>Irrevocable</div></div></div>	
11. Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]	

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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 life insured <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 policy contract)	
Kindly select information to update.	
For Individual Policy Owner	
<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 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"/> 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 Policy Owner

☐ 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.)

☐ Business Address

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

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 the Company’s statutory responsibility to provide your information, including but not limited to local or foreign tax status, to the appropriate authority.
- c. 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.
- d. 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>.
- e. If the creditor is the beneficiary, the death benefit will be paid to him/her or his/her designated successors. Benefits in excess of what is due to the creditor will be paid to the other beneficiaries.
- f. 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 or assignee is not an individual (e.g. company/business), the signature and title of the authorized signatory is required.

For Policy Owner/Authorized Signatory

26. Signature of Policy Owner	27. Printed Name
28. Signature of Life Insured (for policies which owner is a company/entity)	29. Printed Name
30. Signature of Authorized Signatory # 1 (For Company/Business Policy Owner)	31. Printed Name and Job Title
32. Signature of Authorized Signatory # 2 (For Company/Business Policy Owner)	33. Printed Name and Job Title
34. Signature of Witness (a third-party or anyone who is not the policy owner, life insured or beneficiary)	35. Printed Name
36. Place of Signing	37. 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><div></div></div></div>

D

Signatures (continuation)

For Irrevocable Beneficiary, if any

38. Signature of Irrevocable Beneficiary # 1	39. Printed Name
40. Signature of Witness (a third-party or anyone who is not the policy owner, life insured or beneficiary)	41. Printed Name
42. Place of Signing	43. 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>
44. Signature of Irrevocable Beneficiary # 2	45. Printed Name
46. Signature of Witness (a third-party or anyone who is not the policy owner, life insured or beneficiary)	47. Printed Name
48. Place of Signing	49. 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>

For Assignee, if any

50. Signature of Assignee	51. Printed Name
52. Signature of Authorized Signatory # 1 (For Lender Institution)	53. Printed Name and Job Title
54. Signature of Authorized Signatory # 2 (For Lender Institution)	55. Printed Name and Job Title
56. Signature of Witness (a third-party or anyone who is not the policy owner, life insured or beneficiary)	57 Printed Name
58. Place of Signing	59. 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>

Let us serve you better!

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

60. 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>			
61. Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]			62. Zip Code
63. Work Phone (country code, area code, & tel. no., e.g. +63285558888)		64. Home Phone (country code, area code, & tel. no., e.g. +63285558888)	
65. Mobile Phone (country code & mobile no., e.g. +639123456789)		66. Email Address	

67. 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 policy(-ies) specified in this form will be changed]

68. 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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