

# Assignment of Policy(-ies) as Collateral Security



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 Financial group of companies.

## Purpose of the form:

This form is used to assign your life insurance policy as collateral for debt(s) and/or value received.

## 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.

The company/business policy owner/planholder/investor (the assignor) needs to submit a Secretary's Certificate attesting to the authority of the signatory.

### A General Information

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

### B Authorization and Assignment Information

You authorize the Company to transfer the insurance policy to the assignee as collateral for all current and future debts and/or other value received.

Please fill out the lender information as applicable.

Lender - Institution (e.g. bank, company)  
Proceed to items 2 to 6, then complete items 15 and onwards

Lender - Individual  
Proceed to items 7 to 14, then complete items 15 and onwards

#### B.1 Lender - Institution (e.g. bank, company)

2. Company or Business Name	
3. Business Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]	4. Zip Code
5. Business Phone (country code, area code, & tel. no., e.g. +63285558888)	
+	
6. Email Address	

#### B.2 Lender - Individual

7. Name (Last Name, First Name, M.I.)	
M.I.	
8. Permanent Home Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]	9. Zip Code

**B.2 Lender - Individual (continuation)**

10. Present Home Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)] <input type="checkbox"/> Same as Permanent Home Address _____ _____ _____		11. Zip Code _____
12. Mobile Phone (country code, area code, & tel. no., e.g. +639123456789) + _____	13. Home Phone (country code, area code, & tel. no., e.g. +63285558888) + _____	
14. Email Address _____		

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

For Policy Owner/Authorized Signatory

15. Signature of Policy Owner _____	16. Printed Name _____
17. Signature of Authorized Signatory #1 (For Company/Business Policy Owner) _____	18. Printed Name and Job Title _____
19. Signature of Authorized Signatory #2 (For Company/Business Policy Owner) _____	20. Printed Name and Job Title _____
21. Signature of Witness _____	22. Printed Name _____
23. Place of Signing _____	24. Date of Signing (e.g. 08-AUG-2008) Day      Month      Year [ ][ ] - [ ][ ][ ] - [ ][ ][ ][ ]

For Irrevocable Beneficiary, if any

25. Signature of Irrevocable Beneficiary #1 _____	26. Printed Name _____
27. Place of Signing _____	28. Date of Signing (e.g. 08-AUG-2008) Day      Month      Year [ ][ ] - [ ][ ][ ] - [ ][ ][ ][ ]
29. Signature of Witness _____	30. Printed Name _____
31. Place of Signing _____	32. Date of Signing (e.g. 08-AUG-2008) Day      Month      Year [ ][ ] - [ ][ ][ ] - [ ][ ][ ][ ]
33. Signature of Irrevocable Beneficiary #2 _____	34. Pinted Name _____
35. Place of Signing _____	36. Date of Signing (e.g. 08-AUG-2008) Day      Month      Year [ ][ ] - [ ][ ][ ] - [ ][ ][ ][ ]

**C Signatures (continuation)**

37. Signature of Witness <input type="text"/>	38. Printed Name <input type="text"/>										
39. Place of Signing <input type="text"/>	40. Date of Signing (e.g. 08-AUG-2008) <table style="display: inline-table; border: none;"> <tr> <td style="border: none;">Day</td> <td style="border: none;">-</td> <td style="border: none;">Month</td> <td style="border: none;">-</td> <td style="border: none;">Year</td> </tr> <tr> <td style="border: none;"><input type="text"/></td> <td style="border: none;"><input type="text"/></td> <td style="border: none;"><input type="text"/></td> <td style="border: none;"><input type="text"/></td> <td style="border: none;"><input type="text"/></td> </tr> </table>	Day	-	Month	-	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	-	Month	-	Year							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							

**Let us serve you better!**

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

41. Mailing Address (P.O. Box is not acceptable) <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Present Home Address <input type="checkbox"/> Work Address			
42. Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)] <input type="text"/>			43. Zip Code <input type="text"/>
44. Work Phone (country code, area code, & tel. no., e.g. +63285558888) + <input type="text"/>	45. Home Phone (country code, area code, & tel. no., e.g. +63285558888) + <input type="text"/>		
46. Mobile Phone (country code, mobile no., e.g. +639123456789) + <input type="text"/>			
47. Email Address <input type="text"/>			

48. 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]

49. 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 Financial group that may help with your financial needs?     Yes     No

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