Financial Amendment Form

Sun Life Financial

In this form, *you* and *your* refer to the policy owner/plan holder while *we, us, our* and *the Company* refer to Sun Life of Canada (Philippines), Inc. and/or Sun Life Financial Plans, Inc., both are members of the Sun Life Financial group of companies.

You hereby request the Company to effect the changes indicated below.

Please PRINT clearly. Use BLACK ink.

1 General Information

Policy Owner/Plan holder (Last Name, First Name, M.I.)		Relationship to the Life Insured ☐ Father ☐ Mother ☐ Others, specify _____	
Life Insured (Last Name, First Name, M.I.)			
Policy/Plan Number		New Business Office	
Primary Occupation/Position or Rank			
Birthplace (City/Province and Country)	Birthdate (day/month/year)		Age
Citizenship/s	Country/ies of Legal Residence other than the Philippines		Religion
ID Presented	ID No.	ID Expiry Date	TIN
SSS No. or GSIS No.		Explain if there is no TIN, SSS or GSIS No.	
Permanent Residence Address (no., street., municipality/city, province, country, zip code) P.O. Box is not acceptable			
Present Address (no., street., municipality/city, province, country, zip code) P.O. Box is not acceptable			
Home Phone (country code, area code & tel. no.)	Work Phone (country code, area code & tel. no.)	Mobile Phone (country code & mobile no.)	E-mail Address

2 Details of Change/s Requested

The shaded section is for Individual Life Insurance policies only.

Premium

Premium change to ☐ Non-Smoker rate

The life insured must fill out a Request for Change in Premium Rate Basis form and undergo Cotinine Test.

Premium Payment Default Option

☐ Premium Advance ☐ Paid-Up Insurance ☐ Paid-Up Term Insurance

Premium Mode

☐ Yearly ☐ Half-Yearly ☐ Quarterly

Paid-Up

Policy to be paid-up in accordance with the provisions in the policy as (please check appropriate box)

☐ Fully Paid-up Life ☐ Fully Paid-up Endowment ☐ Fully Paid-up Insurance

☐ Reduced Paid-up Life ☐ Reduced Paid-up endowment ☐ Reduced Paid-up Insurance

☐ Paid-up Term Insurance and Pure Endowment, if any

You hereby authorize Sun Life of Canada (Philippines), Inc. to apply, in full or in part, the guaranteed value less any advances with interest, plus any dividend credits, plus any accumulated endowment benefits, or a combination of these, whichever is appropriate, in the purchase of the above elected paid-up option.

2 Details of Change/s Requested (continuation)

Basic Plan

New Basic Plan	New Basic Amount

Benefits / Riders

Please specify the benefit/s or rider/s you want added/deleted/changed. Indicate in the second column if the request is for addition, deletion, or change, and specify in the third and fourth columns the corresponding benefit amount and the coverage period, if applicable.

Benefit	Type of Change	Coverage Amount	Coverage Period

Other Changes, please specify

3 Corrections and Amendments

For Company use only

4 Acknowledgment and Agreement

Changes to Material Facts or Personal Information

By affixing your signature below, you acknowledge and agree that you shall notify the Company in writing and provide the required details or documents within thirty (30) days for any changes in your personal/material information which results in the Company being subject to tax reporting and withholding requirements under local and/or foreign laws applicable to you or your property. There is a change in your personal/material information if there is a change in your contact number(s), place of residence, citizenship, or other circumstance as defined under applicable laws.

Data Privacy

By signing below, you consent, as well as affirm that you are authorized to give consent on behalf of the beneficiary, for the collection, processing, use, storage and destruction of personal and sensitive personal information and any information related to you and your assignee and/or beneficiary in relation to the subject insurance policy/pre-need plan as well as its sharing, transfer and/or disclosure to any of the Company's branches, subsidiaries, affiliates, advisors and representatives, industry associations and third parties such as but not limited to outsourced service providers, external auditors, and local and foreign regulatory authorities in relation to any matter including but not limited to those involving anti-money laundering and tax monitoring, review and reporting, statistical and risk analysis, provision of any products, service, or offers made through mail/email/fax/SMS/telephone, customer satisfaction surveys; compliance with court and other lawful orders and requirements. You and your assignee and/or beneficiary hold the Company free and harmless from any liability that may arise from any transfer, disclosure, processing, collection, use, storage or destruction of said information.

4 Acknowledgment and Agreement (continuation)

This section must be signed by you as the policy owner/plan holder, all of your irrevocable beneficiaries, if any, by the Assignee, if any, and by the appropriate person as indicated.

By signing below, you hereby agree that :

a. this request and any other relevant declaration will form part of the policy/plan;
b. any Suicide Provision and any Incontestability Provision in the policy/plan will apply to additional benefits added to the policy/plan as a result of this request, except that the period in years will be measured from the effective date of this change;
c. the Company may correct any errors or omissions made in the completion of this request.

Signature of Policy owner / Plan holder X	Printed Name
Signature of Witness X	Printed Name
Address of Witness (no., street, municipality/city, province, country, zip code)	
Place of Signing	Date of Signing (day/month/year)

Signature of Irrevocable Beneficiary, if any X	Printed Name	Place & Date of Signing (day/month/year)
Signature of Irrevocable Beneficiary, if any X	Printed Name	Place & Date of Signing (day/month/year)
Signature of Irrevocable Beneficiary, if any X	Printed Name	Place & Date of Signing (day/month/year)

Signature of Assignee X	Printed Name

Signature of Witness X	Printed Name
Address of Witness (no., street, municipality, city/province, country, zip code)	
Place of Signing	Date of Signing (day/month/year)

5 For Company Use Only

The Company hereby agrees to the above requests and the policy/plan is changed as follows :

Total Premium/Installment	Mode of Payment ☐ Yearly ☐ Half Yearly ☐ Quarterly ☐ Monthly
Schedule of Extra Premium Attached ☐ Yes ☐ No	Policy Rewritten to Effect Change ☐ Yes ☐ No
Effective Date of Change (day/month/year)	Processor