

Name Change Request



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.

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.

A General Information

Please complete information below as it appears in the policy contract.

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

B Name Change Details

2. Name Change For:	<input type="checkbox"/> Policy Owner	<input type="checkbox"/> Life Insured	<input type="checkbox"/> Company/Business
3. Original Individual Name (Last Name, First Name, Middle Name)/Company or Business Name (as it appears in the policy contract)			
4. New Last Name/Company or Business Name			
5. New First Name			
6. New Middle Name		7. New Other Legal Name(s)	
8. Reason for Change:	<input type="checkbox"/> Marriage	<input type="checkbox"/> Annulment	<input type="checkbox"/> For Correction
	<input type="checkbox"/> Change in Company or Business Name	<input type="checkbox"/> Others, specify	

Refer to page 2 for the list of requirements to submit.

C Compliance with Regulatory Requirements

The following information is collected for regulatory compliance.

9. Has there been any change in your citizenship(s)/nationality(-ies) or country of legal residence?
<input type="checkbox"/> Yes, I am a citizen/national and a legal resident of _____ (specify country).
<input type="checkbox"/> Yes, I am a citizen/national of _____ (specify country) but I legally reside in _____ (specify country).
<input type="checkbox"/> None

D Signatures

By signing, you confirm your understanding and agreement to the following:

- 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.
- 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.
- 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.
- 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>.
- 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.

D Signatures (continuation)

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

10. Signature of Policy Owner <input type="text"/>	11. Printed Name <input type="text"/>
12. Signature of Authorized Signatory #1 (For Company/Business Policy Owner) <input type="text"/>	13. Printed Name and Job Title <input type="text"/>
14. Signature of Authorized Signatory #2 (For Company/Business Policy Owner) <input type="text"/>	15. Printed Name and Job Title <input type="text"/>
16. Signature of Witness <input type="text"/>	17. Printed Name <input type="text"/>
18. Place of Signing <input type="text"/>	19. Date of Signing (e.g. 08-AUG-2008) 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"/>

Let us serve you better!

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

20. 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	
21. Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)] <input type="text"/>	22. Zip Code <input type="text"/>
23. Work Phone (country code, area code, & tel. no., e.g. +63285558888) + <input type="text"/>	24. Home Phone (country code, area code, & tel. no., e.g. +63285558888) + <input type="text"/>
25. Mobile Phone (country code, mobile no., e.g. +639123456789) + <input type="text"/>	
26. Email Address <input type="text"/>	

27. 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]

28. 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

For Office Use Only

<input type="text"/>

List of requirements

Standard Requirements	Name Change Request form Valid ID of Policy Owner/Company's authorized signatory
Change of Name (For Individual Policy Owner)	
Due to Marriage	Marriage Certificate issued by Philippine Statistics Authority
Due to Annulment (Change to maiden name)	Annulment Decision with Certificate of Finality coming from the Clerk of Court
Due to Discrepancy/For Addition of Other Legal Name/A.K.A.	Notarized Affidavit of Identity/Discrepancy Birth Certificate issued by Philippine Statistics Authority
Change of Name (For Company/Business Policy Owner)	
Due to Amendment of Article of Incorporation or Partnership	Certificate of Filing of Amended Articles of Incorporation or Partnership with SEC Amended Articles of Incorporation or Partnership
For Sole Proprietorship	Certificate of Registration with DTI Business Permit
For Cooperative	Certificate of Registration issued by Cooperative Development Authority (CDA) Amended Articles of Cooperation
Due to Incorrect Spelling	Articles of Incorporation or Partnership

- Notes:
- For submissions at the Client Service Center, photocopies of requirements may be submitted provided the original copies are presented for verification.
 - For submissions through mail or email, additional requirements may still be required.
 - For changes due to other reasons, you may contact us at:
 Email: sunlink@sunlife.com
 SUNLINK Client Care: (+632)88499888
 Toll-free (using PLDT Line): 1-800-10-SUNLIFE (7865433) outside Metro Manila
 8:00 AM - 7:00 PM | Mondays - Fridays
 *Calls outside the Philippines may incur international call charges.