

Address and Contact Information 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

1. Policy/Group Contract/Plan/Mutual Fund Account Number(s)

For Individual Policy Owner/Planholder/Investor

Last Name

First Name M.I.

For Company/Business Policy Owner/Planholder/Investor

Company or Business Name

B Address and Contact Information Details

Address Change to:

2. Permanent Home Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)] <input type="text"/>	3. Zip Code <input type="text"/>
4. 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 <input type="text"/>	5. Zip Code <input type="text"/>
6. Work Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)] <input type="text"/>	7. Zip Code <input type="text"/>
8. Other Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)] <input type="text"/>	9. Zip Code <input type="text"/>
10. Preferred Mailing Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Work Address <input type="checkbox"/> Present Home Address <input type="checkbox"/> Other Address	11. Do you want us to update the information on all your existing Life Insurance Policies/Pre-need Plans/Mutual Fund Accounts? (Considered NO if unanswered) <input type="checkbox"/> Yes <input type="checkbox"/> No [Only policy(-ies), plan(s), and account(s) specified in this form will be changed]

Contact Information Change to:

Policy Group Contract Plan Mutual Fund Account All

12. Mobile Phone* (country code, mobile no., e.g. +639123456789) + <input type="text"/>	13. Home Phone (country code, area code, & tel. no., e.g. +63285558888) + <input type="text"/>
14. Work Phone (country code, area code, & tel. no., e.g. +63285558888) + <input type="text"/>	

