

Advisor Change Request



In this form, *you* and *your* refer to the policy owner/planholder/investor/company's authorized signatory, while *we, us, our* and the *Company* refer to either Sun Life of Canada (Philippines), Inc., Sun Life Financial Plans, Inc. or Sun Life Asset Management Co., Inc., which are members of the Sun Life Financial group of companies.

IMPORTANT NOTES:

You must accomplish and submit completed form to any of the following: (1) Sun Life of Canada (Philippines), Inc. Billing and Client Support Services, Sun Life Centre, 5th Ave. cor. Rizal Drive, Bonifacio Global City, Taguig City, 1634 Philippines, (2) any of our Client Service Centers, or (3) email to sunlink@sunlife.com.

Please write legibly by 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

1a. Policy Owner/Policyholder (for Group Insurance)/Plan Holder/Investor

Last Name	First Name	M.I.
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1b. Company Name

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B Request Details

2. This request will apply to:

<input type="checkbox"/> All Individual Life Insurance Policies	<input type="checkbox"/> All Mutual Fund Accounts
<input type="checkbox"/> All Group Life Insurance Contracts (for Policyholder of Group Insurance) Indicate at least 1 Account Number _____	<input type="checkbox"/> All Pre-Need Plans
or	
<input type="checkbox"/> the following Account(s) only: _____	

3. Reason for Change

<input type="checkbox"/> You have no Advisor
<input type="checkbox"/> You prefer another Advisor (provide reason below) _____ _____

C New Advisor Information

4. Advisor's Name

Last Name	First Name	M.I.
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D Signatures

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

- a) All services relating to your account(s) as indicated in this form shall be coursed through your new servicing advisor.
- b) You will inform us within 30 calendar days of any change in your circumstances, including but not limited to citizenship, and submit the applicable document accordingly.
- c) 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.
- d) You acknowledge that the Company, its employees, duly authorized representatives, related companies, third party service providers and vendors, shall process and share your and insured's information, with any person or organization to (i) service this account, (ii) process claims and enforce the contract, and (iii) pursue its legitimate and lawful rights and interests and other purposes allowed under privacy laws and regulations.
- e) 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 agree with the declarations and authorizations above, including Sun Life's privacy policy found in <https://apps.sunlife.com.ph/privacy>.

5. Signature of Policy Owner/Policyholder (for Group Insurance)/Plan Holder/Investor

X

6. Printed Name

Last Name	First Name	M.I.
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7. Place of Signing

8. Date of Signing (e.g. 08-Aug-2008)

	Day	Month	Year
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Accepted:

9. Signature of New Advisor

10. Code No.

11. NBO/ISO

X

Let us serve you better!

We would like to keep you updated with the latest news and information. Provide us with your most current contact details.

12. Mailing Address (P.O. Box is not acceptable) Permanent Residence Present Residence Work Address

No., Street, Village/Subdivision	Barangay	City/Municipality
Province/State	Country	Zip Code

13. Home Phone (e.g. +6325558888)

14. Work Phone (e.g. +6325558888)

(country code, area code & tel. no.)	(country code, area code & tel. no.)
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15. Mobile Phone (e.g. +639123456789)

16. E-mail Address

(country code & mobile no.)	
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17. Would you like to receive personalized communications and product and service offers from the Company and related parties that may help with your financial needs? Yes No

For Office Use Only

18. Date Received

19. Time Received

20. Receiving Department/Office

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