

# Appointment/Change of Endowment Beneficiary



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 appoint or change the endowment or maturity beneficiary of your policy.

- For Traditional Policy(-ies), the **endowment beneficiary** receives endowment payouts at regular intervals (for certain products) while the policy is still in force and the full benefit upon policy maturity.
- For Variable Unit Linked (VUL) Policy(-ies), the **maturity beneficiary** receives the final endowment payout or the maturity benefit equivalent to the fund value upon maturity.

**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.

**A General Information**

1. Policy Number(s)

**For Individual Policy Owner**

Last Name

First Name  M.I.

**For Company/Business Policy Owner**

Company or Business Name

**B Endowment Beneficiary Change Details**

**Reminder:**

A beneficiary who is a minor will be subject to all the laws protecting minors. This includes the representation by a guardian as provided by law.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>Add Beneficiary(-ies)</b><br>Proceed to items 2 to 17, then complete items 21 and onwards | <input type="checkbox"/> <b>Remove Beneficiary(-ies)</b><br>Proceed to items 18 to 19, then complete items 21 and onwards | <input type="checkbox"/> <b>Change of Beneficiary Information</b><br>Proceed to item 20, then complete items 21 and onwards |
|---|---|---|

**B.1 Appoint/Add Endowment Beneficiary(-ies)**

Kindly complete the needed information below to add or appoint endowment beneficiary(-ies) to your policy.

**Endowment Beneficiary #1**

2. Name (Last Name, First Name, M.I.)/Company or Business Name

3. Birthdate/Date of Incorporation or Business Registration (e.g. 08-AUG-2008) Day  - Month  - Year

4. Designation  Revocable  Irrevocable

5. Country of Birth/Incorporation or Business Registration

6. Citizenship(s)/Nationality(-ies)

7. Relationship to the life insured  Father  Mother  Employer  Others, specify

8. Beneficiary Type  Primary  Contingent [in the event of death of all primary beneficiary(-ies)]

9. Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]

**B.1 Appoint/Add Endowment Beneficiary(-ies) (continuation)**

**Endowment Beneficiary #2**

10. Name (Last Name, First Name, M.I.)/Company or Business Name		
11. Birthdate/Date of Incorporation or Business Registration (e.g. 08-AUG-2008)	Day	Month
	Year	
12. Designation		<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
13. Country of Birth/Incorporation or Business Registration	14. Citizenship(s)/Nationality(-ies)	
15. Relationship to the life insured	16. Beneficiary Type	
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Employer <input type="checkbox"/> Others, specify	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent [in the event of death of all primary beneficiary(-ies)]	
17. Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]		

**B.2 Remove Endowment Beneficiary(-ies)**

Kindly complete the information below to remove existing endowment beneficiary(-ies).

18. Name (Last Name, First Name, M.I.)/Company or Business Name
19. Name (Last Name, First Name, M.I.)/Company or Business Name

**B.3 Change of Endowment Beneficiary Information**

Kindly complete the information below to update or correct any existing endowment beneficiary information.

20. Original Endowment Beneficiary Name (Last Name, First Name, M.I.)/Company or Business Name (as it appears in the policy contract)	
Kindly select information to update.	
For Individual Policy Owner	
<input type="checkbox"/> Name	Last Name, First Name, M.I.
	M.I.
<input type="checkbox"/> New Other Legal Name(s)	
<input type="checkbox"/> Birthdate (e.g. 08-AUG-2008)	Day
	Month
	Year
<input type="checkbox"/> Designation	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
<input type="checkbox"/> Country of Birth	
<input type="checkbox"/> Citizenship(s)/Nationality(-ies)	
<input type="checkbox"/> Relationship to the life insured	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Others, specify
<input type="checkbox"/> Beneficiary Type	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent [in the event of death of all primary beneficiary(-ies)]
<input type="checkbox"/> Address	[No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]

**B.3 Change of Endowment Beneficiary Information (continuation)**

For Company/Business Policy Owner

Company or Business Name

Relationship to the life insured     Employer     Others, specify \_\_\_\_\_

Country of Incorporation or Business Registration

Designation     Revocable     Irrevocable

Date of Incorporation or Business Registration  
(e.g. 08-AUG-2008)

Day    Month    Year

[No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]

Business Address

**C Compliance with Regulatory Requirements**

The following information is collected for regulatory compliance.

21. Has there been any change in your citizenship(s)/nationality(-ies) or country of legal residence?

Yes, I am a citizen/national and a legal resident of \_\_\_\_\_ (specify country).

Yes, I am a citizen/national of \_\_\_\_\_ (specify country) but I legally reside in \_\_\_\_\_ (specify country).

None

**D 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

22. Signature of Policy Owner	23. Printed Name
24. Signature of Authorized Signatory #1 (For Company/Business Policy Owner)	25. Printed Name and Job Title
26. Signature of Authorized Signatory #2 (For Company/Business Policy Owner)	27. Printed Name and Job Title
28. Signature of Witness	29. Printed Name
30. Place of Signing	31. Date of Signing (e.g. 08-AUG-2008)
	Day    Month    Year

