

Declaration of Loss (Policy Contract/Plan Agreement)



In this form, *you* and *your* refer to the life insured/policyowner/ planholder/company's authorized signatory, while *we, us, our* and the *Company* refer to either Sun Life of Canada (Philippines), Inc. or Sun Life Financial Plans, Inc., both members of the Sun Life Financial group of companies.

Purpose of the Form:

This form is a request to the Company to (1) issue a Loss of Policy Memorandum (LPM)/Pre-need Contract (Annex A-1) or (2) reprint a policy contract/plan agreement.

Note that the LPM/Annex A-1 only contains basic policy/plan information. It is not a replacement of the policy contract or plan agreement.

IMPORTANT NOTES:

You must accomplish and submit completed form and a copy of your valid ID to any of the following: (1) Sun Life of Canada (Philippines), Inc. Policy & Plan Change Group, Sun Life Centre, 5th Ave. cor. Rizal Drive, Bonifacio Global City, Taguig City, 1634 Philippines, or (2) any of our Client Service Centers.

A corresponding fee will apply for the reprinting of the policy contract/plan agreement.

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/Plan Holder

Last Name	First Name	M.I.

1b. Company Name

B Declaration

You declare that you have been unable to find the original policy contract/plan agreement of below mentioned policy/plan and that you have no knowledge of any other person who might be in possession of the policy contract/plan agreement.

You guarantee that the Company can rely on the truthfulness of your declarations for this and all future transactions. You agree to leave the Company free from harm for any loss, cost, or expenses which may result from your statements which were made under oath. This provision is not a waiver by the Company from taking further action, as necessary.

2. Reason for loss of policy contract/plan agreement

<input type="checkbox"/> Misplaced	<input type="checkbox"/> Destroyed	<input type="checkbox"/> Others _____
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C Request Details

3. Policy/Plan No.

4. Type of Request

<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Pre-need
<input type="checkbox"/> Reprint of Policy Contract (Not all contracts may be reprinted)	<input type="checkbox"/> Reprint of Plan Agreement
<input type="checkbox"/> Issuance of LPM	<input type="checkbox"/> Issuance of Annex A-1

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, and submit the applicable document 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 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.
- 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>.



D Signatures (continuation)

5. Signature of Policy Owner/Plan Holder/Company's Authorized Signatory

X

6. Printed Name

Last Name	First Name	M.I.
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7. Signature of Assignee, if any

X

8. Printed Name

Last Name	First Name	M.I.
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9. Signature of Witness

X

10. Printed Name

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

12. Date of Signing (e.g. 08-AUG-2008)

	Day	Month	Year
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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.

13. 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

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

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

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

17. E-mail Address

(country code & mobile no.)	
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18. Would you like to receive personalized communications and product and service offers from the Company, Sun Life Asset Management Company, Inc. (SLAMCI), and related parties that may help with your financial needs? Yes No**For Office Use Only**

19. Date Received

20. Time Received

21. Receiving Department/Office

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Notarization

SUBSCRIBED AND SWORN to before me this _____ day at _____ Philippines, affiant having exhibited to me his/her _____ issued on _____ at _____

Doc. No. : _____

Page No. : _____

Book No. : _____

Series of _____