

Application for Surrender of Plan Agreement



In this form, *you* and *your* refer to the plan holder or beneficiary, as the case may be, while *we*, *us*, *our* and *the Company* refer to Sun Life Financial Plans, Inc., a member of the Sun Life Financial group of companies.

The Agreement Contract of this Plan should accompany this application.

Please PRINT clearly. Use BLACK ink.

1 General Information

Plan holder or Primary Beneficiary, in case of death of plan holder (Last Name, First Name, M.I.)			
Plan Number			
Birthplace (City/Province and Country)	Birthday (day/month/year)	Age	Religion
Citizenship/s		Country/ies of Legal Residence other than the Philippines	
IDs presented	ID Number	ID Expiry Date	TIN
SSS or GSIS Number	Explain if there is no TIN, SSS or GSIS Number		
Permanent Residence Address (Number, Street, Municipality/City, Province, Country, Zip Code) P.O. Box is not acceptable			
Present Residence Address (Number, Street, Municipality/City, Province, Country, Zip Code) P.O. Box is not acceptable			
Home Phone (Country Code, Area, Tel. No.)	Work Phone (Country Code, Area, Tel. No.)	Mobile Phone	Email Address

2 Acknowledgment and Agreement

By affixing your signature, you acknowledge and agree that :

you hereby request the Company to pay the Termination Value in full settlement of all claims under the above numbered plan agreement;

Changes to Material Facts or Personal Information

By affixing your signature below, you acknowledge and agree that you shall notify the Company in writing and provide the required details or documents within thirty (30) days for any changes in your personal/material information which results in the Company being subject to tax reporting and withholding requirements under local and/or foreign laws applicable to you or your property. There is a change in your personal/material information if there is a change in your contact number(s), place of residence, citizenship, or other circumstance as defined under applicable laws.

Data Privacy

By signing below, you expressly authorize the collection, processing, use, storage and destruction of your personal/sensitive personal information and any related information as well as its sharing, transfer and/or disclosure to any of the Company's branches, subsidiaries, affiliates, advisor and representatives, industry associations and third parties such as but not limited to outsourced service providers, external auditors, and local and foreign regulatory authorities in relation to any matter including but not limited to those involving anti-money laundering and tax monitoring, review and reporting, statistical and risk analysis, provision of any products, service, or offers made through mail/email/fax/SMS/telephone, customer satisfaction surveys; compliance with court and other lawful orders and requirements. You shall hold the Company free and harmless from any liability that may arise from any transfer, disclosure, processing, collection, use, storage or destruction of said information.



2 Acknowledgment and Agreement (continuation)

This section must be signed by you as Planholder-applicant or Primary Beneficiary-applicant. If applicant is the Planholder, primary beneficiaries need not sign the form.

In the absence of a judicial guardian, legal guardian should sign on behalf of a minor primary beneficiary-applicant.

If this form will be signed outside the Philippines, please have the form authenticated by the nearest Philippine Consul in your locality.

The witness should be a disinterested adult person and his address should be shown in the space provided. If this form cannot be witnessed by an authorized representative of the Company, please have this form notarized by a Notary Public.

Signature of Plan holder or Primary Beneficiary, in case of death of plan holder X	Printed Name
Signature of Witness X	Printed Name
Address of Witness (no., street, municipality, city/province, country, zip code)	
Place of Signing	Date of Signing (day/month/year)

Caution:

If only one of the primary beneficiaries will apply for plan termination, a special power of attorney or waiver signed by all other primary beneficiaries should be submitted together with this form.

3 For Company Use Only

This portion is for the use of Client Services Department only

Plan Termination Value	Date of Effectivity (day/month/year)
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Detailed Statement

4 Notarization

SUBSCRIBE AND SWORN to before me this _____ day at _____ Philippines,
affiant having exhibited to me his/her (valid ID) _____ issued on _____
at _____

Doc No.: _____

Page No.: _____

Book No.: _____

Series of _____