

Checklist for Subsequent Transactions

The Sun Life Prosperity Funds, referred to as "Funds," are managed and distributed by Sun Life Asset Management Company, Inc. (SLAMCI), a member of the Sun Life Financial group of companies.

Name of Investor (Last Name, First Name, M.I.)
--

A Additional Investment

Request for Additional Investment Acknowledgment Receipt Proof of Payment

B Redemption /Fund Switch

Request for Redemption/Fund Switch Original Copy of Stock Certificate (if issued)
--

C Enrollment in Auto-Invest Program
--

Auto-Invest Enrollment Bank Auto-Debit Enrollment
--

D Estate Settlement

<p>1. Claims below PHP 250,000.00</p> <ul style="list-style-type: none"> Request for Redemption signed by Legal Heirs Original/Certified True Copy of Death Certificate Tax Clearance (BIR Form 2313-P Certificate Authorizing Registration) Two (2) Valid IDs of Legal Heirs Copy of the Deed of Extrajudicial Settlement and Adjudication of Estate (for verification of legal heirs) Notarized Quit Claim Form signed by All Legal Heirs (to be submitted upon release of proceeds) <p>2. Claims PHP 250,000.00 and above</p> <ul style="list-style-type: none"> Request for Redemption signed by Legal Heirs Original/Certified True Copy of Death Certificate Tax Clearance (BIR Form 2313-P Certificate Authorizing Registration) Two (2) Valid IDs of Legal Heirs Original Copy of the Deed of Extrajudicial Settlement and Adjudication of Estate (notarized before a Notary Public after all the heirs have signed and filed with the Register of Deeds) Surety Bond or Heirs' Bond (the amount of the bond is equivalent to the value of the personal property included in the extrajudicial settlement) Proof of publication of Deed of Extrajudicial Settlement and Adjudication of Estate (in newspaper of general circulation once a week for three (3) consecutive weeks) Notarized Quit Claim Form signed by All Legal Heirs (to be submitted upon release of proceeds)

E Acknowledgment (to be completed by the Mutual Fund Representative and Client Service Center Staff)

To be Completed by MF Representative		To be Completed by Client Service Center Staff	
Name and Signature of Submitting MF Representative		Name and Signature of Receiving Staff	
Branch	Representative's Code	Client Service Center Location	
Date Submitted	Time Submitted	Date Received	Time Received
With complete basic requirements as outlined above? Yes No		With complete basic requirements as outlined above? Yes No	