Client Information Update Form



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

In this form, you and your refer to the investor while we, us, our, and the Company refer to SLAMCI.

IMPORTANT NOTES:

General Information

You must accomplish and submit the completed form and a copy of your valid ID through any of our Client Service Centers or our through email at slamc@sunlife.com. For inquiries, please send an email to 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.

1. Account Number					
(e.g. 12345678CF01)					
For Individual Investor					
Last Name					
First Name			M.I.		
For Company/Business Investor					
Company or					
Business Name					
B Details of Change(s) Requested					
2. Name Change for: Principal Investor	Co-Inves	tor (Corporate		
${\it 3.} {\it Original\ Individual\ Name\ (Last\ Name,\ First\ Name,\ Middle\ Name)}_{\it J},$	Company or	Business Name			
4. New Last Name/Company or Business Name					
5. New First Name		6. New Middle Na	ıme		
7. Reason for Change: Marriage		Annulment	Change of Company or Business Name		
Update/Correct Contact Info	rmation	Other, specify			
		, . , . ,			
Refer to page 2 for the list of requirements to submit.	1 .				
8. Home Phone (country code, area code, & tel. no., e.g. +63285558888	8) 9. Work	Phone (country code, area	code, & tel. no., e.g. +63285558888)		
+	+				
10. Mobile Phone (country code, mobile no., e.g. +639123456789)	pile Phone (country code, mobile no., e.g. +639123456789) 11. Email Address				
+					
12. How would you like to be notified of any account change	and transaction	n? SMS Notification	on Email Notification (Kindly fill out numbers 11 and 13)		
13. Do you want us to update the information on all your existing	Mutual Fund A	Accounts/Life Insurance	Policies/Pre-need Plans? (Considered NO if unanswered)		
Yes No [Only account(s) specified in this form will be ch	nanged]				

C	Compliance with Regulatory Requirements					
The f	The following information is collected for regulatory compliance.					
14.	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 circumtances, 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 your co-investors' 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://online.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 investor is not an individual (e.g. company/business), the signature and title of the authorized signatory is required.

15.	Printed Name and Signature of Investor		16.	Date of Signing (e.g. 08-AUG-2008)	Day —	Month	Year —
17.	Printed Name and Signature of Co-Investor/Authorized Signator	#1	18.	Date of Signing (e.g. 08-AUG-2008)	Day —	Month	Year —
19.	Printed Name and Signature of Co-Investor/Authorized Signator	#2	20.	Date of Signing (e.g. 08-AUG-2008)	Day —	Month	Year –

Would you like to receive personalized communication and product offers from Sun Life of Canada (Philippines), Inc. (SLOCPI); Sun Life Financial Plans, Inc. (SLFPI); Sun Life Asset Management Company, Inc. (SLAMCI); and other members of the Sun Life Financial group that may help with your financial needs?
Yes
No

List of Requirements				
Standard Requirements	Client Information Update Form (CIUF) Valid ID of Investor/Company's authorized representative			
Change of Name (For Individual Investor)				
Due to Marriage	Marriage Certificate issued by the Philippine Statistics Authority (PSA)			
Due to Annulment (Change to maiden name)	Annulment Decision with Certificate of Finality coming from the Clerk of Court			
Due to Discrepancy/For Addition of Other Legal Name/A.K.A.	Notarized Affidavit of Identity/Discrepancy Birth Certificate issued by Philippine Statistics Authority			
Change of Name (For Corporate/Business Investor)				
Due to Amendment of Articles of Incorporation or Partnership	Certificate of Filing of Amended Articles of Incorporation or Partnership with SEC Amended Articles of Incorporation or Partnership			
For Sole Proprietorship	Certificate of Registration with DTI Business Permit			
For Cooperative	Certificate of Registration issued by Cooperative Development Authority (CDA) Amended Articles of Cooperation			
Due to Incorrect Spelling	Articles of Incorporation or Partnership			

Notes

- 1. For submissions at the Client Service Center, photocopies of requirements may be submitted provided the original copies are presented for verification.
- 2. For submissions through mail or email, additional requirements may still be required.