

In this form you and your refer to the policy owner, while we, us, our, and the Company refer to Sun Life Grepa Financial, Inc., a joint venture of Sun Life Financial and the Yuchengco Group of Companies.

IMPORTANT NOTES:

You must accomplish and submit the completed form and a copy of your valid ID through any of our Sun Life Client Service Centers or email to wecare@sunlifegrepa.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.

Α	General Information			
	Policy/Group Contract/Plan/ Mutual Fund Account Number(s)			
For Individual Policy Owner/Planholder/Investor				
	Last Name			
	First Name		M.I.	
For Company/Business Policy Owner/Planholder/Investor				
	Company or Business Name			

B Address and Contact Information Details

Address Change to:

2.	2. Permanent Home Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)] 3. Zip Code				
4.	Present Home Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]	5.	Zip Code		
".	Same as Permanent Home Address	5.	Zip code		
		_			
6.	Work Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]	7.	Zip Code		
8.	Other Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]	9.	Zip Code		
10.	D. Preferred Mailing Address 11. Do you want us to update the information on all your existing Life Insurance				
	Permanent Home Address Work Address Policies/Pre-need Plans/Mutual Fund Accounts? (Considered NC				
	Present Home Address Other Address Yes No [Only policy(-ies), plan(s), and account(s) specified in this	form	will be changed]		
Con	tact Information Change to:				
	Policy Group Contract Plan Mutual Fund Account		All		
_	Mobile Phone* (country code, mobile no., e.g. +639123456789) 13. Home Phone (country code, area code, & tel. no., e.g. +63285558888)		-		
+					
14.	I. Work Phone (country code, area code, & tel. no., e.g. +63285558888)				
+					

B Address and Contact Information Details (continuation)					
15. Email Address**					
Notifications and Deliveries for Life Insurance policy(-ies) Choose only one. All your policies will be updated based on the option selected.					
16. How would you like to receive your billing statement? Choose one. All your policies will be updated based on the option selected.					
SMS* + Printed Copy Printed Copy only					
17. How would you like to receive your official receipt? Choose one. All your policies will be updated based on the option selected.					
SMS* + Electronic Copy** SMS* + Printed Copy Printed Copy only					
*If you select SMS, please fill out item #12 with your Philippine Mobile No.					
**If you select electronic copy, please fill out item #15 with your email address.					
C Compliance with Regulatory Requirements					
The following information is collected for regulatory compliance.					
18. 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.
- 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://www.sunlifegrepa.com/upload/files/Sun_Life_Grepa_Policy_Privacy_Statement.pdf.
- 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/planholder/investor is not an individual (e.g. company/business), the signature and title of the authorized signatory is required.

For Policy Owner/Planholder/ Investor/Authorized Signatory

19. Signature of Policy Owner/Planholder/Investor	20. Printed Name
21. Signature of Authorized Signatory #1 (For Company or Business Policy Owner/Planholder/Investor)	22. Printed Name and Job Title
23. Signature of Authorized Signatory #2 (For Company or Business Policy Owner/Planholder/Investor)	24. Printed Name and Job Title
25. Signature of Witness	26. Printed Name
27. Place of Signing	28. Date of Signing Day Month Year (e.g. 08-AUG-2008) - - -

29. Would you like to receive personalized communication and product offers from Sun Life Grepa Financial, Inc. (SLGFI) and Grepalife Asset Management Corporation (GAMC)? Yes No

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