

# Address and Contact Information Request

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](mailto: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.

**A General Information**

1. 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. Permanent Home Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)] <input type="text"/>	3. Zip Code <input type="text"/>
4. Present Home Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)] <input type="checkbox"/> Same as Permanent Home Address <input type="text"/>	5. Zip Code <input type="text"/>
6. Work Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)] <input type="text"/>	7. Zip Code <input type="text"/>
8. Other Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)] <input type="text"/>	9. Zip Code <input type="text"/>
10. Preferred Mailing Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Work Address <input type="checkbox"/> Present Home Address <input type="checkbox"/> Other Address	11. Do you want us to update the information on all your existing Life Insurance Policies/Pre-need Plans/Mutual Fund Accounts? <b>(Considered NO if unanswered)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No [Only policy(-ies), plan(s), and account(s) specified in this form will be changed]

Contact Information Change to:

Policy                       Group Contract                       Plan                       Mutual Fund Account                       All

12. Mobile Phone* (country code, mobile no., e.g. +639123456789) + <input type="text"/>	13. Home Phone (country code, area code, & tel. no., e.g. +63285558888) + <input type="text"/>
14. Work Phone (country code, area code, & tel. no., e.g. +63285558888) + <input type="text"/>	

