

Policy Number : _____ Full Name of Life Insured: _____

Purpose of this checklist:

This checklist serves as a guide when filing title changes on individual policies/plans.

IMPORTANT REMINDERS

Please take note of the following:

- Submit certified true copies only.
- Ensure that you will submit complete and fully accomplished requirements for faster transaction.
- Requests with incomplete requirements will not be processed.
- Documents submitted to Sun Life of Canada (Philippines), Inc (SLOCPI) will not be returned.
- Always attach a copy of the client's valid ID (any government-issued ID with photo and signature) with the Title Change requirements.
- If the client does not have a way to sign the form directly, they can continue with the Client Confirmation method like in Remote Servicing.
- We may ask for additional documents after reviewing the initial requirements you submitted.

NAME CHANGE	CHANGE OF BENEFICIARY
<p>A. BASIC REQUIREMENTS</p> <p><input type="checkbox"/> Name Change Request form signed by the owner or authorized signatory (-ies), if owner is a company</p> <p><input type="checkbox"/> Valid ID of policy owner</p> <p>B. CONDITIONAL REQUIREMENTS (Submit appropriate requirements as indicated below)</p> <p>B.1. If spelling of name is incorrect</p> <p><input type="checkbox"/> Birth Certificate or Photocopy of Passport</p> <p>B.2. If a different name will be used / addition of other legal name or AKA</p> <p><input type="checkbox"/> Notarized Affidavit explaining the reason behind the discrepancy with free and harmless clause</p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> Court Decision, if applicable</p> <p><input type="checkbox"/> Adoption order, if due to adoption</p> <p>B.3. If change from maiden to married name</p> <p><input type="checkbox"/> Marriage Certificate issued by the Philippine Statistics Authority (PSA)</p> <p>B.4. If change from married name to maiden name</p> <p>B.4.1. If due to annulment/ legal separation</p> <p><input type="checkbox"/> Marriage Certificate issued by the PSA, with annotation</p> <p><input type="checkbox"/> Valid ID/s with client's Maiden Name</p> <p>B.4.2. If marriage was not annulled</p> <p><input type="checkbox"/> Marriage Certificate issued by the PSA</p> <p><input type="checkbox"/> Old ID/s with client's Maiden Name</p> <p>B.4.3. If no marriage took place</p> <p><input type="checkbox"/> Certificate of No Marriage (CENOMAR) from PSA</p> <p><input type="checkbox"/> Notarized Affidavit explaining the reason behind the discrepancy</p> <p>B.5. If due to company merging</p> <p><input type="checkbox"/> Change of Name approved by the SEC</p> <p><input type="checkbox"/> Corporate Secretary's Certificate</p> <p><input type="checkbox"/> Latest General Information Sheet (GIS)</p>	<p><input type="checkbox"/> Beneficiary Change Request form signed by the owner or authorized signatory (-ies), if owner is a company, and by the irrevocable beneficiary (-ies)</p> <p><input type="checkbox"/> Valid ID of policy owner/authorized signatory</p> <p><input type="checkbox"/> Valid ID of irrevocable beneficiary/ies, if any</p> <p><input type="checkbox"/> Corporate Secretary Certificate if Irrevocable Beneficiary is a Company.</p> <p><input type="checkbox"/> Marriage Certificate issued by the PSA, if designating the spouse as a beneficiary.</p> <p><input type="checkbox"/> Certificate of No Marriage (CENOMAR) issued by PSA of beneficiary and policy owner if relationship is fiancee/fiancee' and "partner"; EXCEPT for same sex partner</p> <p><input type="checkbox"/> Certificate of No Marriage (CENOMAR) issued by PSA of beneficiary and policy owner if marriage took place abroad and designating a spouse as a beneficiary</p> <p><input type="checkbox"/> Keyman Questionnaire</p> <p><input type="checkbox"/> Proof of Business Partnership if designation is "Business Partner"</p> <p><input type="checkbox"/> Other applicable legal document/s, if necessary</p>
TRANSFER OF OWNERSHIP	
<p>A. TO AN INDIVIDUAL</p> <p><input type="checkbox"/> Absolute Assignment for Value signed by the owner or authorized signatory (-ies), if owner is a company, and by the irrevocable beneficiary (-ies)</p> <p><input type="checkbox"/> Valid ID of the original policy owner</p> <p><input type="checkbox"/> Valid ID of irrevocable beneficiary/ies, if any</p> <p><input type="checkbox"/> Consolidated Applicant's Declaration to be accomplished by the new owner</p> <p><input type="checkbox"/> Valid ID of the new policy owner</p> <p><input type="checkbox"/> Corporate Secretary's Certificate, if policy owner is a company, indicating the name(-s), scope of authority and specimen signature(-s) of the person(-s) authorized by the company to sign the change requirements</p> <p>B. TO A SOLE PROPRIETORSHIP</p> <p><input type="checkbox"/> Absolute Assignment for Value signed by the owner or authorized signatory (-ies), if owner is a company, and by the irrevocable beneficiary (-ies)</p> <p><input type="checkbox"/> Valid ID of the original policy owner</p> <p><input type="checkbox"/> Valid ID of irrevocable beneficiary/ies, if any</p> <p><input type="checkbox"/> Valid ID of the new policy owner</p> <p><input type="checkbox"/> Consolidated Applicant's Declaration to be accomplished by the new owner</p> <p><input type="checkbox"/> Valid Certificate of Registration issued by DTI</p> <p><input type="checkbox"/> Business Permit</p> <p><input type="checkbox"/> Notarized Employee-Employer Agreement</p> <p>C. TO A PARTNERSHIP/ CORPORATION</p> <p><input type="checkbox"/> Absolute Assignment for Value signed by the owner or authorized signatory (-ies), if owner is a company, and by the irrevocable beneficiary (-ies)</p> <p><input type="checkbox"/> Valid ID of the original policy owner</p> <p><input type="checkbox"/> Valid ID of irrevocable beneficiary/ies, if any</p> <p><input type="checkbox"/> Valid ID of the authorized representative of the Corporation/Partnership</p> <p><input type="checkbox"/> Consolidated Applicant's Declaration to be accomplished by the authorized signatory (-ies) of the company (new owner)</p> <p><input type="checkbox"/> Certificate of Incorporation issued by the SEC, if Corporation</p> <p><input type="checkbox"/> Certificate of Registration issued by SEC, if Partnership</p> <p><input type="checkbox"/> Articles of Incorporation/Partnership</p> <p><input type="checkbox"/> Latest General Information Sheet (GIS)</p> <p><input type="checkbox"/> Corporate Secretary's Certificate, if new policy owner is a company, indicating the name(-s), scope of authority and specimen signature(-s) of the person(-s) authorized by the company to sign the change requirements</p> <p><input type="checkbox"/> Corporate Secretary's Certificate to include the following :</p> <p style="margin-left: 20px;">a. Beneficial owners and beneficiaries of the corporation</p> <p style="margin-left: 20px;">b. Boards' Resolution duly certified by the Corporate Secretary authorizing the signatory to sign on behalf of the entity</p> <p><input type="checkbox"/> Notarized Employee-Employer Agreement</p>	
ASSIGNMENT AS COLLATERAL SECURITY	
<p><input type="checkbox"/> Assignment as Collateral Security Form (ACS) signed by the owner</p> <p><input type="checkbox"/> Valid ID of policy owner</p> <p><input type="checkbox"/> Valid ID of irrevocable beneficiary/ies, if any</p>	
RELEASE OF ASSIGNMENT AS COLLATERAL SECURITY	
<p><input type="checkbox"/> Release of Assignment as Collateral Security Form (RACS) –signed by authorized signatory, if assigned to the bank/company or Bank Certification of Release of Loan</p> <p><input type="checkbox"/> Corporate Secretary Certificate if assigned to the bank/company indicating the name(-s), scope of authority and specimen signature(-s) of the person(-s) authorized by the company to sign the change requirements</p> <p><input type="checkbox"/> Valid ID of Assignee/Authorized Signatory/ies</p>	
APPOINTMENT / CHANGE OF ENDOWMENT BENEFICIARY	
<p><input type="checkbox"/> Appointment/Change of Endowment Beneficiary form signed by the owner or authorized signatory (-ies), if owner is a company</p> <p><input type="checkbox"/> Other applicable legal document/s, if necessary</p> <p><input type="checkbox"/> Valid ID of policy owner</p>	



ACKNOWLEDGMENT - To be completed by Advisor and Staff

To Be Completed by Advisor				To Be Completed by Staff		
Name of Advisor		Signature of Advisor		Name of Staff		Signature of Staff
Place of Signing	Date of Signing	Date Submitted	Time Submitted	Client Service Center		Date Received Time Received
NBO		Advisor's Code	Coding Date	With complete requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No		
With complete requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No		With payment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of payment <input type="checkbox"/> Cash <input type="checkbox"/> Card <input type="checkbox"/> Check <input type="checkbox"/> Other, specify _____		
Type of payment <input type="checkbox"/> Cash <input type="checkbox"/> Card <input type="checkbox"/> Check <input type="checkbox"/> Other, specify _____				Remarks:		

NOTE:

Sec. B.7 of the 2013 Market Conduct Guidelines issued by the Insurance Commission last November 4, 2013 states:

"B.7 TRUSTEES, BENEFICIARIES, ASSIGNEES AND OWNER OF POLICIES

Advisors cannot be named as trustees, assignees, owners or beneficiaries of any of their clients' policies, except if the policies are taken out on the lives of their immediate family members. For purposes hereof, the term 'immediate family' shall be taken to mean, in respect of Advisors who are not married, their parents and siblings and, in respect of Advisor's who are married, their parents, spouse and children. "

For inquiries and concerns, please contact us at any of the following:

Email: wecare@sunlifegrepa.com
 Client Care: (+632) 8849-9633
 PLDT Toll-free: 1-800-10-SLGREPA (7547372) outside Metro Manila
 Business Hours: 8:00 AM - 7:00 PM | Mondays to Fridays

