

In this form **you** and **your** refer to the policy owner/company's authorized representative accomplishing this form, while **we, us, our,** and **the Company** refer to Sun Life Grepa Financial, Inc., a joint venture of Sun Life and the Yuchengco Group of Companies.

IMPORTANT NOTES:

You must accomplish and submit the completed form with your valid ID to any of the following:

- 1. **Sun Life of Canada (Philippines), Inc. Client Support Services**
5th Ave. cor Rizal Drive, Bonifacio Global City
Taguig City, Philippines, 1634
Email: sunlink@sunlife.com
- 2. **Sun Life Grepa Financial, Inc.**
221 Sen. Gil J. Puyat Ave., Makati City
Email: wecare@sunlifegrepa.com

3. **Any Financial Store or Client Service Center.** Our address and business number are available online at the following links. Kindly find one nearest you.

- 1. www.sunlife.com.ph. Click 'About Us' and hover to 'Where to find us'.
- 2. www.sunlifegrepa.com. Click 'Contact Us' and hover to 'Sun Life Grepa Customer Centers'.

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

A1. Policy Owner's Full Name

Last Name	First Name	Middle Name	Date of Birth (e.g. 01-JAN-2020) Day - Month - Year
			<input type="text"/> - <input type="text"/> - <input type="text"/>

A2. Full Business Name

B Request Details (choose one below)

B.1 Request a particular policy(ies) only.

Specify below the policy(ies) to be transferred (*incorrect policy number(s) will not be processed*):

B.2 Request will apply to **ALL** existing client's policy as of date of request

All Individual Life Insurance Policies

For our reference, specify at least one policy number: _____

C Reason for Change

- You have no Advisor
- You prefer another Advisor (*provide reason below*)

D New Advisor Information**New Advisor's Full Name**

Last Name	First Name	Middle Name
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E Signatures

By signing below, you acknowledge/agree that:

- All services relating to your account(s) as indicated in this form shall be coursed through your new servicing advisor.
- You will inform us within 30 calendar days of any change in your circumstances, including but not limited to citizenship, and submit the applicable document accordingly.
- 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.
- You acknowledge that the Company, its employees, duly authorized representatives, related companies, third party service providers and vendors, shall process and share your and insured's information, with any person or organization to (i) service this account, (ii) process claims and enforce the contract, and (iii) pursue its legitimate and lawful rights and interests and other purposes allowed under privacy laws and regulations.
- 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 agree with the declarations and authorizations above, including Sun Life Grepa's privacy policy found in <https://www.sunlifegrepa.com/privacy-policy-statement/>.
- Your rights include the right to be informed, access your data, rectify errors, object to processing, and file a complaint. For more information about your rights and how we protect your data, you may access our privacy policy at <https://www.sunlifegrepa.com/privacy-policy-statement/>. Should you have any concerns in relation to your rights or the processing of your personal data, you may get in touch with our Data Protection Officer at privacyconcern@sunlifegrepa.com.

E.1 Complete Name of Policy Owner/Authorized Representative

Last Name	First Name	Middle Name
Designation/Position (for Authorized Representative)	Place of Signing	Date of Signing (e.g. 01-JAN-2019) Day - Month - Year

E.2 Accepted:

Signature of Policy Owner/Authorized Representative		
Signature of New Advisor	Code Number	Region/Branch

F Let us serve you better!

We would like to keep you updated with the latest news and information. Provide us with your most current contact details.

F.1 Mailing Address and Contact Details (P.O. Box is not acceptable)

Permanent Residence Present Residence Office Address

No., Street, Village/Subdivision	Barangay	City/Municipality
Province/State	Country	Zip Code
Home Phone No. (country code, area code, PTE No. & tel. no.)	Office Phone No. (country code, area code, PTE No. & tel. no.)	
Mobile Phone No. (country code & mobile no.)	E-mail Address	

F.2 Would you like to receive personalized communication and product offers from the Company that may help with your financial needs?

Yes No

G For Office Use Only

Requirements received by	Full Name of Staff	Receiving Department/Office
	Date Received (e.g. 01-JAN-2019) Day - Month - Year	Time Received