

Variable Life Insurance – Request for Fund Switching/Allocation and Excess Premium Form



In this Application, “you” and “your” mean person(s) whose information we are processing or disclosing. *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.

You hereby request the Company to effect the change/s indicated below, subject to the policy’s relevant terms and conditions.

Please write legibly by 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 when completely filled out.

1 General Information

Policy Owner (Last Name, First Name, M.I.)			Policy Number
Citizenship		Country/ies of Legal Residence other than the Philippines	
Present Residence Address No., Street, Municipality/City, Province, Country, Zip Code (P.O. Box is not acceptable)			
Permanent Residence Address No., Street, Municipality/City, Province, Country, Zip Code (P.O. Box is not acceptable)			
Work Address No., Street, Municipality/City, Province, Country, Zip Code (P.O. Box is not acceptable)			
Home Phone (Country Code, Area, Tel. No.)	Work Phone (Country Code, Area, Tel. No.)	Mobile Phone (Country Code, Area, Tel. No.)	Email Address
Life Insured (Last Name, First Name, M.I.) if different from Policy Owner			

2 Details of Change(s) Requested

I. Fund Switching Full Partial

Switch from (Fund Name)	Amount or Percentage to be switched	Switch to (Fund Name)	Amount or Percentage

Note: The amount to be switched must not be less than minimum amount determined by the Company. The fund switching is subject to the existing administrative rules set by the Company.

II. Change of Fund Allocation Instruction for Future Deposits/Premiums

For Peso and US Dollar currencies - please indicate % after the desired fund. Total should be 100%.

For MyFuture Fund, please indicate maturity year, e.g. “MyFuture Fund (2030).”

For Philippine Peso Currency		For US Dollar Currency	
Fund Name	Percentage Allocation	Fund Name	Percentage Allocation
	%		%
	%		%
Total	100 %	Total	100 %



2 Details of Change(s) Requested (continuation)

Note: Payment made BEFORE changing the fund allocation will be invested based on the previous fund allocation. Payment made AFTER changing the fund allocation will be invested based on the new fund allocation.

Some funds may involve additional risk such as, but not limited to, foreign currency risk. For funds that provide payouts, any payout will reduce the net asset value which will consequently be reflected in the unit price. Hence, the policy value could be lower than the premium paid and the policy may be terminated earlier. You could lose all your premiums paid and benefits once your policy is terminated. For more details about the funds, please refer to the Company website or ask your Sun Life advisor.

III. Change Relating to Excess Premium

<p>For Single Pay:</p> <p>Currency: <input type="checkbox"/> US \$ <input type="checkbox"/> Php</p> <p>Pay Amount Of: _____</p>	<p>For Regular Pay:</p> <p>Currency: <input type="checkbox"/> US \$ <input type="checkbox"/> Php</p> <p><input type="checkbox"/> Add to regularly-billed Premium _____</p> <p><input type="checkbox"/> Change regularly-billed Excess Premium to _____</p> <p><input type="checkbox"/> Cancel the regularly-billed Excess Premium</p>
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Note: Excess premium will be invested according to the existing Fund Allocation Instruction

3 Acknowledgment and Agreement

This section must be signed by the policy owner, assignee and all of the nominated irrevocable beneficiaries and witnessed by an Advisor or BSO or Staff of Sun Life Grepa Financial, Inc. If signed before a disinterested witness, please have the form notarized by a notary public by affixing his/her signature and official seal at the back of this form.

If this form is signed outside the Philippines, please have the form authenticated or notarized by the nearest Philippine Consul in your locality.

If the policy owner or irrevocable beneficiary is a minor (less than 18 years of age) or incompetent, the legal guardian should sign on his/her behalf. Additional documents may be required from the said guardian. If any of the irrevocable beneficiaries has passed away, additional documents may be required.

By signing, you hereby declare and agree that:

- a. the request applied for is based on your own judgment and you have not relied on any advice provided by your advisor;
- b. to the best of your knowledge, all information you have provided in this form are complete and true.

You also understand and agree that

- c. the change/s applied for shall only take effect when (i) any required payment is paid in full and (ii) the request for change(s) applied for is approved, during the lifetime of the life insured;
- d. a copy of this request, and any other relevant document(s), will form part of the policy;
- e. any Suicide Provision and any Incontestability Provision in the General Provisions of the policy will apply to the additional benefits and/or Excess Premiums added to the policy as a result of this request, effective from the date hereof;
- f. the Company may correct errors or omissions made in the completion of this form.

By affixing your signature and presenting ID, you confirm, agree and hereby authorize the Company to honor and effect transactions on the basis hereof:

- 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, the insured's and the beneficiary's information, with any person or organization to (i) service this account, (ii) process transactions and enforce 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. you agree that the Company shall process your personal data to evaluate, process, and implement the transaction or request that you have initiated. The Company may disclose your personal data to its affiliates, service providers, and other third parties for processing consistent with the foregoing purpose, and to comply with legal obligations, as well as laws and regulations (domestic or foreign).
- e. your rights include the right to be informed, access your data, and rectify errors in your data. 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.
- f. 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.

3 Acknowledgment and Agreement (continuation)

Signature of Policy Owner X	Printed Name
(New) Signature Specimen X	(New) Signature Specimen X
Signature of Witness X	Printed Name
Address of Witness (no., street, municipality/city, province, country, zip code) (if witness is a Sun Life Advisor, write the NBO and advisor's code, if Sun Life employee, write the Client Service Center)	
Place of Signing	Date of Signing Month - Day - Year

Signature of Assignee X	Printed Name	Date of Signing Month - Day - Year
Signature of Irrevocable Beneficiary, if any X	Printed Name	Date of Signing Month - Day - Year
Signature of Irrevocable Beneficiary, if any X	Printed Name	Date of Signing Month - Day - Year
Signature of Witness X	Printed Name	
Address of Witness (no., street, municipality/city, province, country, zip code) (if witness is a Sun Life Advisor, write the NBO and advisor's code, if Sun Life employee, write the Client Service Center)		
Place of Signing	Date of Signing Month - Day - Year	

5 Notarization

Before me, a Notary Public for and in the City of _____, this _____ day of _____ 20____, _____ personally appeared before me and exhibited to me his/her (valid ID) _____ issued on _____ at _____, known to me and to me known to be the same person who executed the foregoing document that is duly signed by him/her and acknowledged to me that the same is his/her free and voluntary act and deed, consisting of _____(____) pages including this page on which this Acknowledgement is written.

Doc No.: _____

Page No.: _____

Book No.: _____

Series of _____