

Request for Change in Premium Rate Basis

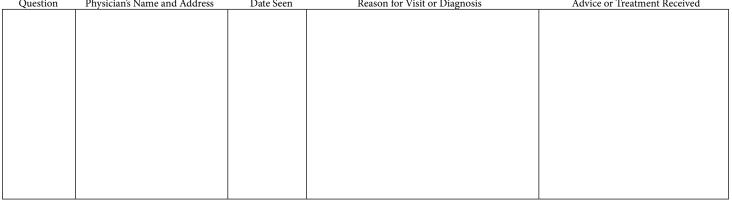
Please PRINT clearly. Use BLACK ink.

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.

You hereby request that the Company recalculate the premium rate basis for the policy indicated below subject to our evaluation of the answers to the questions in the Declaration Section.

General Information

	Policy Owner (Last Name, First Name, M.I.)							
Please complete if the life insured is not also the policy	Life Insured (Last Name, First Name, M.I.)							
owner.	Policy Number			Region				
2 Declaration			1					
This section must be	1. Does the life insured	l smoke cigarettes/cigar	illos/cigars	or consume	e any other tobacco pro	oduct? 🛛 Yes 🗆 No		
answered by the life insured, if not also the	a) If "Yes", fill out appropriate box with number per day							
policy owner. The life	cigarettes	cigars	tobacco		chewing tobacco	other tobacco used		
insured must also undergo a Cotinine test.	b) If "No", has the life insured ever smoked a cigarette/ cigarillo/ cigar or consumed any other tobacco product in the past?							
	2. Is the life insured presently disabled by illness, injury or otherwise prevented from performing on a full time basis any of the duties of his/her occupation?□Yes □No							
	3. Has the life insured ever had, or been told he had, or sought advice for : (encircle appropriate item) a) chest pain, stroke, high bood pressure, heart attack or any disease of the heart?							
Question Physician's Name	and Address Date S	Seen Reason	for Visit or Di	agnosis	Advice or T	reatment Received		





By signing below, you hereby declare that to the best of your knowledge and belief, the above answers are full and true; and agree that this request, if approved, with the answers given in any other declaration which may be required by the Company relating to the insurability of the life insured or to the change of the policy, shall be the basis of that change. You also agree that this request, together with any declaration, will form part of the changed policy.

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).

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.

This section must be	Place of Signing		Date of Signing (day/month/year)		
signed by the policy					
owner, the life insured, if	Signature of Policy Owner		Printed Name		
not also the policy owner,	X				
and by the appropriate	Signature of Life Insured, if other than Owner	Printed Name	Date of Signing (day/month/year)		
person as indicated.	X			Date of Signing (day/monul/year)	
	Signature of Witness	Printed Name		Date of Signing (day/month/year)	
	x				

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