

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 and the Yuchengco Group of Companies.

**Purpose of the form:**

This form is used to appoint or update the information of a designated contingent owner of your policy.

- All irrevocable beneficiary(ies) and assignees must also sign this form. The owner may revoke this appointment any time.

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 Number(s)

**For Individual Policy Owner**

Full Name (Last Name, First Name, Middle Name)

**For Corporate/Business Policy Owner**

Corporate Name

or

Business Name

## B Designated Contingent Owner Change Details

- ☐ **Appoint Designated Contingent Owner**  
 Proceed to items 2 to 10, then complete items 13 and onwards
- ☐ **Remove the Designated Contingent Owner**  
 Proceed to item 11, then complete items 13 and onwards
- ☐ **Update the Information of Designated Contingent Owner**  
 Proceed to item 12, then complete items 13 and onwards

### B.1 Appoint Designated Contingent Owner

Kindly complete the needed information below to appoint designated contingent owner to your policy.

2. Full Name (Last Name, First Name, Middle Name)/Company Name or Business Name			3. Sex (at Birth)
4. Birthdate/Date of Incorporation or Business Registration Day      Month      Year <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		5. Country of Birth/Incorporation or Business Registration	
6. Citizenship/Nationality	7. Relationship to the life insured	8. Home Phone Number	9. Mobile Phone Number
10. Complete Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]			

### B.2 Remove Designated Contingent Owner

11. Full Name (Last Name, First Name, Middle Name)/Company Name or Business Name

### B.3 Update the Information of Designated Contingent Owner

Kindly complete the information below to update or correct any existing designated contingent owner information.

12. Designated Contingent Owner Full Name (Last Name, First Name, Middle Name)/Company Name or Business Name

#### For Individual Designated Contingent Owner

<input type="checkbox"/> Full Name	Last Name, First Name, Middle Name <input type="text"/>																		
<input type="checkbox"/> New Other Legal Name	<input type="text"/>																		
<input type="checkbox"/> Birthdate (e.g. 01-JAN-2024)	<table><tr><td>Day</td><td></td><td></td><td>Month</td><td></td><td></td><td>Year</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Day			Month			Year											
Day			Month			Year													
<input type="checkbox"/> Country of Birth	<input type="text"/>																		
<input type="checkbox"/> Citizenship/Nationality	<input type="text"/>																		
<input type="checkbox"/> Relationship to the life insured	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Others, specify _____																		
<input type="checkbox"/> Complete Address	<input type="text"/>																		
<input type="checkbox"/> Contact Information	<input type="text"/>																		

#### For Corporate/Business Designated Contingent Owner

<input type="checkbox"/> Corporate Name or Business Name	<input type="text"/>																		
<input type="checkbox"/> Relationship to the life insured	<input type="checkbox"/> Employer <input type="checkbox"/> Others, specify _____																		
<input type="checkbox"/> Country of Incorporation or Business Registration	<input type="text"/>																		
<input type="checkbox"/> Date of Incorporation or Business Registration (e.g. 01-JAN-2024)	<table><tr><td>Day</td><td></td><td></td><td>Month</td><td></td><td></td><td>Year</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Day			Month			Year											
Day			Month			Year													
<input type="checkbox"/> Business Address	<input type="text"/>																		
<input type="checkbox"/> Contact Information	<input type="text"/>																		

### C Compliance with Regulatory Requirements

13. Has there been any change in your citizenship/nationality or country of legal residence?

- ☐ Yes, I am a citizen/national and a legal resident of (specify country).  
☐ Yes, I am a citizen/national of (specify country) but I legally reside in (specify country).  
☐ None.

## D Signatures

By signing, you confirm your understanding and agreement to the following:

- a. You will inform us within 30 calendar days of any change in your circumstances, including but not limited to citizenship/nationality, 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 and the insured's information, with any person or organization to (i) service this account, (ii) process transactions and enforce the 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. 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 agreed with the declarations and authorizations above, including Sun Life's privacy policy found in <https://www.sunlifegrepa.com/privacy-policy-statement/>.
- e. 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](mailto: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.

If the policy owner is not an individual (e.g. company/business), the signature and title of the authorized signatory is required.

**For Policy Owner or Assignee/Authorized Signatory, if any.**

14. Signature of Policy Owner	15. Printed Name
16. Signature of Assignee, if any (For Lender Institution)	17. Printed Name and Job Title
18. Signature of Authorized Signatory (For Corporate/Business Policy Owner)	19. Printed Name and Job Title
20. Signature of Irrevocable Beneficiary, if any	21. Printed Name
22. Signature of Irrevocable Beneficiary, if any	23. Printed Name
24. Signature of Irrevocable Beneficiary, if any	25. Printed Name
26. Signature of Witness	27. Printed Name
28. Place of Signing	29. Date of Signing (e.g. 01-JAN-2024) <div>Day</div> <div>Month</div> <div>Year</div>

30. Would you like to receive personalized communication and product offers from the Company that may help with your financial needs? ☐ Yes ☐ No

### For Company Use Only

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