Sun Life GREPA Financial

Address and Contact Information Change Request

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.

IMPORTANT NOTES:
You must accomplish and submit the completed form and a copy of your valid ID through any of our Sun Life Client Service Centers or email to wecare@sunlifegrepa.com.

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/Group Contract/Plan/
Mutual Fund Account Number(s)

For Individual Policy Owner/Planholder/Investor

Last Name

First Name M.I.

For Company/Business Policy Owner/Planholder/Investor

Company or

Business Name

B Address and Contact Information Details

Address Change to:

2. Permanent Home Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]	3. Zip Code
4. Present Home Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)] Same as Permanent Home Address	5. Zip Code
6. Work Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]	7. Zip Code
8. Other Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]	9. Zip Code

10. Preferred Mailing Address ☐ Permanent Home Address ☐ Work Address ☐ Present Home Address ☐ Other Address	11. Do you want us to update the information on all your existing Life Insurance Policies/Pre-need Plans/Mutual Fund Accounts? **(Considered NO if unanswered)** ☐ Yes ☐ No [Only policy(-ies), plan(s), and account(s) specified in this form will be changed]

Contact Information Change to:

☐ Policy ☐ Group Contract ☐ Plan ☐ Mutual Fund Account ☐ All

12. Mobile Phone* (country code, mobile no., e.g. +639123456789) +	13. Home Phone (country code, area code, & tel. no., e.g. +63285558888) +

14. Work Phone (country code, area code, & tel. no., e.g. +63285558888)
+

B Address and Contact Information Details (continuation)

15. Email Address**

Notifications and Deliveries for Life Insurance policy(-ies)
Choose only one. All your policies will be updated based on the option selected.

16. How would you like to receive your billing statement and official receipt?

☐ SMS* + Electronic Copy** ☐ SMS* + Printed Copy ☐ Printed Copy only

*If you select SMS, please fill out item #12 with your Philippine Mobile No.
**If you select electronic copy, please fill out item #15 with your email address.

C Compliance with Regulatory Requirements

The following information is collected for regulatory compliance.

17. Has there been any change in your citizenship(s)/nationality(-ies) 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(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 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.

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

For Policy Owner/Planholder/ Investor/Authorized Signatory

18. Signature of Policy Owner/Planholder/Investor	19. Printed Name
20. Signature of Authorized Signatory #1 (For Company or Business Policy Owner/Planholder/Investor)	21. Printed Name and Job Title
22. Signature of Authorized Signatory #2 (For Company or Business Policy Owner/Planholder/Investor)	23. Printed Name and Job Title
24. Signature of Witness	25. Printed Name
26. Place of Signing	27. Date of Signing (e.g. 08-AUG-2008) Day Month Year ☐☐-☐☐☐-☐☐☐☐

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

For Office Use Only