

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 Owner (Last Name, First Name, Middle Name)
2. Life Insured (Last Name, First Name, Middle Name) [Complete if the Life Insured is not the policy owner]
3. Policy Number(s)

## B Designated Contingent Owner Change Details

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> <b>Appoint Designated Contingent Owner</b><br>Proceed to items 4 to 12, then complete items 15 and onwards | <input type="checkbox"/> <b>Remove the Designated Contingent Owner</b><br>Proceed to item 13, then complete items 15 and onwards | <input type="checkbox"/> <b>Update the Information of Designated Contingent Owner</b><br>Proceed to item 14, then complete items 15 and onwards |
|---|--|---|

### B.1 Appoint Designated Contingent Owner

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

4. Full Name (Last Name, First Name, Middle Name)			5. Sex (at Birth)
6. Date of Birth (e.g. 01-JUL-2025) Day      Month      Year □□ - □□ □□ - □□ □□ □□		7. Country of Birth	
8. Citizenship/Nationality	9. Relationship to the life insured	10. Home Phone Number	11. Mobile Phone Number
12. Complete Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O. Box is not acceptable)]			

### B.2 Remove Designated Contingent Owner

13. Full Name (Last Name, First Name, Middle Name)
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### B.3 Update the Information of Designated Contingent Owner

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

14. Designated Contingent Owner Full Name (Last Name, First Name, Middle Name)

<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-JUL-2025)	Day      Month      Year	<input type="text"/>
<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"/>

### C Compliance with Regulatory Requirements

15. 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.

**D Signatures (cont.)**

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

16. Signature of Policy Owner	17. Printed Name
18. Signature of Assignee, if any (For Lender Institution)	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-JUL-2025)      Day      Month      Year

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**