

Request for Printing of Policy Contract



In this form, **you** and **your** refer to the policy owner, while **we**, **us**, **our** and the **Company** refer to Sun Life of Canada (Philippines), Inc. a member of the Sun Life group of companies.

PURPOSE OF THE FORM:

This form is used to request for a printed copy of your policy contract. A corresponding fee will apply.

IMPORTANT NOTES & INSTRUCTIONS:

Please submit the completed form and a clear copy of your valid ID and pay the corresponding fee to a Client Service Center. The printed copy of the policy contract will be processed and released within ten (10) business days upon confirmation of complete requirements and payment.

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 only when completely filled out.

A GENERAL INFORMATION

1. Policy Owner

First Name Middle Name Last Name Suffix (e.g., SR., JR., III)

B DECLARATION

- You guarantee that the statements made on this form are complete, with your full consent and true to the best of your personal knowledge and belief.
- You will indemnify, hold free and harmless the Company, its affiliates, directors, employees, legal representatives, and assignees against loss and damage from any actions made by any third person including the parties to your policy or their representatives in relation to the processing of this request.

2. Reason for printing of policy contract

Physical Back-up Mobile device unavailable Others

C REQUEST DETAILS

3. Policy Number (One policy per request)

D SIGNATURES

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

- 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.
- 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.
- 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://online.sunlife.com.ph/privacy/>.
- 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://online.sunlife.com.ph/privacy/>. 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@sunlife.com.

4. Policy Owner's Signature

5. Printed Name

Policy Owner's Full Name (include suffix e.g. SR., JR., III)

6. Signature of Assignee, if any

7. Printed Name

Full Name (include suffix e.g. SR., JR., III.)

8. Place of Signing

9. Date of Signing (e.g. 01-JAN-2025)

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Day

Month

Year

Let us serve you better!

10. We would also like to take this opportunity to encourage you to update your account information through any of the following:

- My Sun Life Client Portal
- Sun Life PH Mobile App

11. Would you like to receive personalized communication, and product offers from the Company and other members of the Sun Life group that may help with your financial needs.

Yes No

For Office Use Only

Requirements received by

12. Complete Name of Staff

13. Receiving Department Office

14. Date Received (e.g. 01-JAN-2025)

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Day

Month

Year

15. Time received