

# Advisor Change Request



In this form “you” and “your” refer to the policy owner/plan holder/investor/company’s authorized representative accomplishing this form, while *we, us, our, and the Company* refer to Sun Life of Canada (Philippines), Inc., Sun Life Financial Plans, Inc., or Sun Life Asset Management Co., Inc., which are members of the Sun Life group of companies.

## IMPORTANT NOTES:

You must accomplish and submit the completed form with your valid ID to any of the following:

- 1. Sun Life of Canada (Philippines), Inc. Client Support Services**  
5th Ave. cor Rizal Drive, Bonifacio Global City  
Taguig City, Philippines, 1634
- 2. Any Financial Store or Client Service Center.** Our address and business number are available online at [www.sunlife.com.ph](http://www.sunlife.com.ph). Kindly find one nearest you. Click ‘About Us’, and hover to ‘Where to find us’.
- 3. Email us at [sunlink@sunlife.com](mailto:sunlink@sunlife.com)**

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

A1. Policy Owner/Policy Holder (for Group Insurance)/Plan Holder/Investor			For Individual Account only
Last Name	First Name	Middle Name	Date of Birth (e.g. 01-JAN-2020) Day - Month - Year
A2. Company Name		Designation	

## B Request Details (choose one below)

**B.1 Request a particular policy/plan/account number(s) only.**  
Specify below the policy/plan/account number(s) to be transferred (*incorrect policy/plan/account number(s) will not be processed*):

**B.2 Request will apply to ALL existing client's account as of date of request (*select the applicable type of account to be transferred*):**

- All Individual Life Insurance Policies
- All Group Life Insurance Contracts (for Policyholder of Group Insurance)
- All Mutual Fund Accounts
- All Pre-Need Plans

For our reference, specify at least **one** policy/plan/account number: \_\_\_\_\_

## C Reason for Change

- You have no Advisor
- You prefer another Advisor (*provide reason below*)

**D New Advisor Information**

New Advisor's Full Name

Last Name	First Name	Middle Name
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**E Signatures**

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

- All services relating to your account(s) as indicated in this form shall be coursed through your new servicing advisor.
- You will inform us within 30 calendar days of any change in your circumstances, including but not limited to citizenship, and submit the applicable document accordingly.
- 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 insured's information, with any person or organization to (i) service this account, (ii) process claims and enforce the contract, and (iii) pursue its legitimate and lawful rights and interests and other purposes allowed under privacy laws and regulations.
- 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 agree 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](mailto:privacyconcern@sunlife.com).

**E.1 Complete Name of Policy Owner/Policy Holder (for Group Insurance)/Plan Holder/Investor**

Last Name	First Name	Middle Name
Place of Signing		Date of Signing <small>(e.g. 01-JAN-2019)</small> 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"/>

**E.2 Accepted:**

Signature of Policy Owner/Policy Holder (for Group Insurance)/Plan Holder/Investor		
Signature of New Advisor	Code Number	NBO/ISO

**Let us serve you better! Updating made easier. You may now update your contact information via the Client Portal or Mobile App.**

Option 1: Via <b>Client Portal</b> ( <a href="http://www.sunlife.com.ph">www.sunlife.com.ph</a> )	Option 2: Via <b>Mobile App</b>	
1. Visit <a href="http://sunlife.com.ph">sunlife.com.ph</a> and click on the <b>Sign In</b> button. 2. Click <b>Settings</b> and select edit <b>Contract Details/Mailing Address</b> 3. Update relevant details then click <b>Save</b> .	Download the <b>Sun Life PH App</b> at App/Play Store or Scan the QR code ->	
1. Login to your <b>Sun Life PH Mobile App</b> 2. Click on <b>Service Request</b> and click <b>Personal Details/Update Mailing Address</b> 3. Click <b>Edit</b> button on your Mobile, International, Home, Business No., or Email Address and/or on your Permanent, Present, or Business Address 4. Update then click <b>Save</b> .		

**F.2 Would you like to receive personalized communication and product offers from Sun Life of Canada (Philippines), Inc. (SLOCPI); Sun Life Financial Plans, Inc. (SLFPI); Sun Life Asset Management Company, Inc. (SLAMCI); and other members of the Sun Life group that may help with your financial needs?**  Yes  No

**G For Office Use Only**

<b>Requirements received by</b>	Complete Name of Staff		Receiving Department/Office
	Date Received <small>(e.g. 01-JAN-2019)</small> Day    Month    Year <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Time Received