Application for Life Insurance

Sun Life

This life insurance product is provided by Sun Life of Canada (Philippines), Inc., a member of the Sun Life group of companies. In this application, ***you*** and ***your*** mean persons whose information we are processing or disclosing. ***We, us, our*** and the ***Company*** refer to Sun Life of Canada (Philippines), Inc.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW LIFE INSURANCE POLICY: Any information provided in this form and in the course of applying for a policy will be used to allow the Company to identify you and/or verify your information. This is to ensure that we protect you, your application and your transactions with the Company from being used for money laundering and terrorist financing activities.

What are you applying for?
- ☐ Variable Life Insurance
- ☐ Participating Life Insurance
- ☐ Non-Participating Life Insurance
- ☐ Conversion with increase in coverage (Provide policy number/s of source policy/ies to be converted) _____

PRINT clearly. Use BLACK ink. Indicate N/A if question is not applicable.

A Personal Information

Life to be Insured (Complete if Life to be Insured is also the Applicant)

Title	Last (include suffixes like "Jr.", "Sr." & "III")	First	Middle	Other Legal Name
1. Full Name				

2. Sex (at birth)	3. Birthdate	4. Age	5. Civil Status	6. Country/ies of Legal Residence
☐ Male ☐ Female	DAY MONTH YEAR __ __ – __ __ – __ __ __ __		☐ Single ☐ Married ☐ Widowed ☐ Separated Legally	☐ Philippines ☐ USA ☐ Others, specify _____

7. Birthplace (City/Province/State & Country)	8. Citizenship(s)/Nationality	9. Philippine TIN	10. SSS or GSIS No.

11. Home Phone (country code, area code, PTE no. & tel. no.)	12. Work Phone (country code, area code, PTE no. & tel. no.)	13. Mobile No. (country code & mobile no.)

14. Permanent Residence Address No., Street, Village/Subdivision, Barangay *(P.O. Box is not acceptable)*	City/Municipality	Province/State	Country	Zip Code

15. Present Residence Address No., Street, Village/Subdivision, Barangay *(P.O. Box is not acceptable)*	City/Municipality	Province/State	Country	Zip Code

16. Primary Occupation/Position	17. Nature of Work	18. Total Years in Employment/Business

19. Annual Income	20. Employer or Name of Business	21. Nature of Business *(Indicate product or service)*

22. Business Address No., Street, Village/Subdivision, Barangay *(P.O. Box is not acceptable)*	City/Municipality	Province/State	Country	Zip Code

23. Other Occupation (Employer/Business Name and Nature of Business)	24. Previous Occupation and Name of Previous Employer (if presently unemployed or retired)

Individual Applicant/Owner (Complete if Applicant is different from the Life to be Insured)

Title	Last (include suffixes like "Jr.", "Sr." & "III")	First	Middle	Other Legal Name
25. Full Name				

26. Sex (at birth)	27. Birthdate	28. Age	29. Civil Status	30. Country/ies of Legal Residence
☐ Male ☐ Female	DAY MONTH YEAR __ __ – __ __ – __ __ __ __		☐ Single ☐ Married ☐ Widowed ☐ Separated Legally	☐ Philippines ☐ USA ☐ Others, specify _____

31. Birthplace (City/Province/State & Country)	32. Citizenship(s)/Nationality	33. Relationship to the Life to be Insured	34. Philippine TIN	35. SSS or GSIS No.

36. Home Phone (country code, area code, PTE no. & tel. no.)	37. Work Phone (country code, area code, PTE no. & tel. no.)	38. Mobile No. (country code & mobile no.)

39. Permanent Residence Address No., Street, Village/Subdivision, Barangay *(P.O. Box is not acceptable)*	City/Municipality	Province/State	Country	Zip Code

40. Present Residence Address No., Street, Village/Subdivision, Barangay *(P.O. Box is not acceptable)*	City/Municipality	Province/State	Country	Zip Code

41. Primary Occupation/Position	42. Nature of Work	43. Total Years in Employment/Business

44. Annual Income	45. Employer or Name of Business	46. Nature of Business *(Indicate product or service)*

47. Business Address No., Street, Village/Subdivision, Barangay *(P.O. Box is not acceptable)*	City/Municipality	Province/State	Country	Zip Code

48. Other Occupation (Employer/Business Name and Nature of Business)	49. Previous Occupation and Name of Previous Employer (if presently unemployed or retired)

A Personal Information (continuation)

Business Applicant (Complete if the Applicant/Owner is a sole proprietor, partnership, corporation, or other business entities)

50. Company/Full Business Name	51. Relationship to the Life to be Insured ☐ Employer ☐ Others, specify _____	52. Philippine TIN

53. Type of Entity (e.g. corporation/partnership, etc.) Submit approved Request for Approval of Entity Documents (RAED)	54. Nature of Business	55. Country of Incorporation or Business Registration	56. Date of Incorporation

57. Full Name of Contact Person (Last, First, Middle)	58. Designation	59. Business Phone No. (country code, area code, PTE no. & tel. no.)	60. E-mail Address

61. Current Office Address No., Street, Village/Subdivision, Barangay *(P.O. Box is not acceptable)*	City/Municipality	Province/State	Country	Zip Code

62. **Mailing Address and Contact Information**

Applicant (Choose one) ☐ Permanent Residence ☐ Present Residence ☐ Business Address

63. Would you like to use the same mailing address for all your existing policies? ☐ Yes ☐ No	64. How would you like to receive your billing statement and Official Receipt? *Choose one. All your policies will be updated based on option selected.* ☐ SMS*+ Electronic Copy ☐ SMS*+ Printed Copy ☐ Printed Copy only **SMS is available to Philippine mobile numbers and Individual accounts only. Only printed copies will be issued to Entity accounts.*
65. Philippine Mobile No. (country code & mobile no.) +63 9XXXXXXXXX	66. Applicant's Own E-mail Address

67. 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

If other than Applicant's mailing address, answer questions 68-70.

68. Full Name Title Last (include suffixes like "Jr.," "Sr." & "III") First Middle	69. Relationship to the Life to be Insured

70. Mailing Address No., Street, Village/Subdivision, Barangay *(P.O. Box is not acceptable)*	City/Municipality	Province/State	Country	Zip Code

B Additional Requirements for Applicant

71. Source of Funds/Property to pay premiums *(Select all that apply.)*

- ☐ Salaries/Bonus from Employment
- ☐ Business, specify Business Name and Nature of Business _____
- ☐ Rentals
- ☐ Savings/Time Deposits/Mutual Funds/Other Investments
- ☐ Inheritance, specify _____
- ☐ Retirement Fund/Pension
- ☐ Commissions/Professional Fees
- ☐ Sale of Assets, specify _____
- ☐ Allowance/Donation/Regular Remittances/Gift (Fill out Section F: Third Party Determination and Beneficial Owner Identification on page 4.)
- ☐ Other sources, specify _____

72. Have you or any of your immediate relatives* and close associates** (living or deceased) ever held or are currently holding an elected or appointed government position in the Philippines or another country? ☐ Yes ☐ No If Yes, kindly provide details below:

Name(s)	Relationship(s)	Government agency(ies) and position(s)

**Immediate relatives refer to parents, spouse or common law partner, children, siblings, grandparents, grandchildren and in-laws.*

***Close Associates refer to persons who are widely and publicly known, socially or professionally, to be closely connected with the politically exposed person (PEP) or can conduct financial transactions on behalf of the PEP.*

C Beneficiary Information

If beneficiaries are designated as irrevocable, their consent is required before any policy transaction will be processed (e.g. policy advance, surrender, change of beneficiary, etc.). Beneficiary designation is subject to Secs. 11, 12 & 182 of the Insurance Code, as amended, and Art. 2012 of the Civil Code. **For additional beneficiary/ies, unequal sharing, creditor or corporate accounts, use Amendment of Application.**

On Death - beneficiary for proceeds arising from the death of the Life to be Insured

73a. **Primary Beneficiary**

Full Name	Last (include suffixes like "Jr.", "Sr." & "III")	First	Middle
Sex (at birth) ☐ Male ☐ Female	Birthdate DAY ☐☐ – MONTH ☐☐☐ – YEAR ☐☐☐☐	Birthplace (City/Province/State & Country)	Citizenship(s)/Nationality
Permanent Residence Address No., Street, Village/Subdivision, Barangay *(P.O. Box is not acceptable)*	City/Municipality	Province/State	Country / Zip Code
Home Phone/Mobile No. (country code, area code & tel. no.)	Designation (If left blank, it is considered **revocable**) ☐ Revocable ☐ Irrevocable	Relationship to the Life to be Insured	

Full Name	Last (include suffixes like "Jr.", "Sr." & "III")	First	Middle
Sex (at birth) ☐ Male ☐ Female	Birthdate DAY ☐☐ – MONTH ☐☐☐ – YEAR ☐☐☐☐	Birthplace (City/Province/State & Country)	Citizenship(s)/Nationality
Permanent Residence Address No., Street, Village/Subdivision, Barangay *(P.O. Box is not acceptable)*	City/Municipality	Province/State	Country / Zip Code
Home Phone/Mobile No. (country code, area code & tel. no.)	Designation (If left blank, it is considered **revocable**) ☐ Revocable ☐ Irrevocable	Relationship to the Life to be Insured	

Full Name	Last (include suffixes like "Jr.", "Sr." & "III")	First	Middle
Sex (at birth) ☐ Male ☐ Female	Birthdate DAY ☐☐ – MONTH ☐☐☐ – YEAR ☐☐☐☐	Birthplace (City/Province/State & Country)	Citizenship(s)/Nationality
Permanent Residence Address No., Street, Village/Subdivision, Barangay *(P.O. Box is not acceptable)*	City/Municipality	Province/State	Country / Zip Code
Home Phone/Mobile No. (country code, area code & tel. no.)	Designation (If left blank, it is considered **revocable**) ☐ Revocable ☐ Irrevocable	Relationship to the Life to be Insured	

73b. **Contingent Beneficiary** (In the event of death of all primary beneficiary/ies)

Full Name	Last (include suffixes like "Jr.", "Sr." & "III")	First	Middle
Birthdate DAY ☐☐ – MONTH ☐☐☐ – YEAR ☐☐☐☐	Relationship to the Life to be Insured	Citizenship(s)/Nationality	

Full Name	Last (include suffixes like "Jr.", "Sr." & "III")	First	Middle
Birthdate DAY ☐☐ – MONTH ☐☐☐ – YEAR ☐☐☐☐	Relationship to the Life to be Insured	Citizenship(s)/Nationality	

74. **On Endowment for scheduled pay-outs - beneficiary for proceeds if the Life to be Insured is living on endowment date**
If no designated endowment beneficiary, the hierarchy of beneficiary contained in the policy will be followed in paying the endowment proceeds.

Full Name	Last (include suffixes like "Jr.", "Sr." & "III")	First	Middle
Birthdate DAY ☐☐ – MONTH ☐☐☐ – YEAR ☐☐☐☐	Relationship to the Life to be Insured	Citizenship(s)/Nationality	

75. **On Maturity - beneficiary for proceeds if the Life to be Insured is living on maturity date**
If no designated beneficiary on maturity date, beneficiary will be the policy owner or his estate, if already deceased.

Full Name	Last (include suffixes like "Jr.", "Sr." & "III")	First	Middle
Birthdate DAY ☐☐ – MONTH ☐☐☐ – YEAR ☐☐☐☐	Relationship to the Life to be Insured	Citizenship(s)/Nationality	

D Smoking Habit Information (To be completed if the Life to be Insured is 16 years old and above)

76. How many cigarettes, cigarillos, cigars, e-cigarettes, pipes, betel nut, chewing tobacco, nicotine gum or patches or any form of tobacco have you consumed within the last 12 months? ☐ Less than 5 ☐ 5 to 10 ☐ 11 to 20 ☐ 21 to 40 ☐ 40+ ☐ None

E Insurance Policy Information (For VUL application, skip Question nos. 77-87)

77. Plan Name

78. Rate ☐ Smoker ☐ Non-Smoker

79. Currency ☐ US Dollar ☐ Philippine Peso

80. Face Amount

81. Extra Rating: Indicate applicable extra rating

82. Amount paid

83. Additional Benefits

	Benefit Amount		Benefit Amount
☐ Accidental Death Benefit (ADB)		☐ Waiver of Premium	
☐ Critical Illness Benefit (CIB)		☐ Total Disability Benefit (TDB)	
☐ Hospital Income Benefit (HIB)	per day	☐ On Death of Initial Owner (WPD)	
☐ Female Critical Illness Benefit (FCI)		☐ On Death & Disability of Initial Owner (WPDD)	
☐ Female Critical Illness & Maternity Benefit (FCM)			
☐ 5 Year Ren. & Conv. Term (5 YRCT)		☐ Others, specify	
☐ Accidental Death, Dismemberment & Disablement (ADDD)			

84. Premium Payment Default Options (Not applicable to products without cash values) *Check one.*

☐ Premium Advance ☐ Paid-up Insurance ☐ Paid-up Term Insurance*

**Paid-up Term Insurance is not applicable to Sun Acceler8 and SUN Fit and Well or any other products with the same features.*

85. Dividend Options (Not applicable to term/non-participating insurance) *Check one.*

☐ Cash ☐ Dividend Accumulation ☐ Paid-up Additions* ☐ Premium Reduction*

If dividend accumulation option is chosen, the Applicant authorizes the Company to apply any dividends to the Premium Default Option in effect and any interest on outstanding policy advance.
**Paid-up Additions and Premium Reduction are not applicable to Sun Acceler8 and SUN Fit and Well or any other products with the same features.*

86. Endowment Benefit Payment Options (Applicable to products with anticipated endowment benefits only) *Check one.*

☐ Receive amount in check ☐ Leave the amount on deposit with the Company

87. Special Paid-up Bonus Options (Applicable to Sun Acceler8 and SUN Fit and Well or any other products with this feature). *Check one.*

☐ Cash ☐ Special Paid-up Bonus Accumulation

F Third Party Determination and Beneficial Owner Identification

A Third Party is an Individual or Entity who funds the account other than the Individual and/or Business Applicant on whose behalf a transaction or activity is being conducted.

A Beneficial Owner refers to any Individual who ultimately owns or controls the Business Applicant and/or on whose behalf a transaction or activity is being conducted or has ultimate effective control over a legal person or legal arrangement.

88. Is there any Third Party or Beneficial Owner other than the Individual and/or Business Applicant, who:

a) funds any of the payment? ☐ Yes ☐ No
b) has access, use or any kind of financial interest in the account? ☐ Yes ☐ No
c) on whose behalf the transaction or activity is being conducted? ☐ Yes ☐ No

If the Third Party or Beneficial Owner is an **Individual**, answer questions 89-97.
If the Third Party is an **Entity**, answer questions 89-90, 97-100.

89. Full Name (Last, First, Middle)/Entity Name

90. Relationship to the Individual and/or Business Applicant

91. Permanent Residence Address No., Street, Village/Subdivision, Barangay *(P.O. Box is not acceptable)* | City/Municipality | Province/State | Country | Zip Code

92. Birthdate DAY – MONTH – YEAR

93. Birthplace (City/Province/State and Country)

94. Sex (at birth) ☐ Male ☐ Female

95. Citizenship(s)/Nationality

96. Occupation

97. Home Phone/Mobile No. (country code, area code & tel. no.)

98. Nature of Business

99. Date of Incorporation

100. Country of Incorporation

G Insurance History and Declaration on the Proposed Replacement of Existing Policy/ies of the Life to be Insured

101. Do you have other life insurance policies in force or pending with the Company and other insurance companies? ☐ Yes ☐ No
If "Yes," provide details in item 102.

102. Insurance Information on the Life to be Insured: If space is insufficient, use Amendment of Application.

Insurance Company	Year Issued or Indicate if Pending	Total Individual Life Insurance	Total Critical Illness	Total Accidental Death Benefit	Total Accidental Death, Dismemberment & Disablement

103. Is this application intended to replace any existing life insurance policy/ies with the Company and with any other life insurance company? ☐ Yes ☐ No

104. Will premiums for the insurance applied for be paid by a policy advance or surrender from an existing policy? ☐ Yes ☐ No

For any "Yes" answer to questions 103 and 104, complete and submit the Replacement Notification Form.

REMINDER FROM THE INSURANCE COMMISSION ON REPLACEMENT OF POLICIES: Replacement occurs when an existing life insurance policy is used to pay for a new one through a policy advance or surrender. Replacing an existing policy with a new one is disadvantageous as you may be required to pay a higher premium due to any change in your health or age. It may also result in the loss of financial benefits accumulated over the years.

105. Insurance Information on Working Spouse: Answer if Life to be Insured is not working and financially dependent on working spouse.

Total Amount of Individual Life Insurance Coverage on Working Spouse	Total Amount of Critical Illness Coverage on Working Spouse	Explain why there is no insurance coverage on Working Spouse

106. **Insurance Information on Parents and Siblings and Applicant/Owner if not the parent. Answer if Life to be Insured is below 25 years old and financially dependent on parents.** If space is insufficient, use Amendment of Application.

Family Member	Age	Total Individual Life Insurance Coverage	Total Critical Illness Coverage	Explain why there is no insurance coverage
Father				
Mother				
Brothers				
Sisters				
Applicant				

H Health Information (Leave blank if a full medical examination is to be submitted or required based on published Company guidelines.)

It is important that you provide complete and true information for us to assess your application. If you are not sure if some information is relevant, provide it anyway. If you fail to provide all relevant information that you already know, future claims may be denied, the policy or rider may be declared void.

107. For child below age 5: Life to be Insured

a. Birth weight *(indicate unit of measurement)*_____

b. Was the child's birth premature, or is there any indication of failure to thrive or gain weight? ☐ Yes ☐ No

c. Are there defects noted from birth, or has a doctor or health practitioner advised that child's height, weight or physical development was not meeting normal developmental milestones? ☐ Yes ☐ No

108. For women: (To be answered by Applicant/Owner of WPD/WPDD or Life to be Insured aged 16 years old and above)

a. Are you pregnant? Number of months?_____ ☐ Yes ☐ No

b. Have you had any complications of pregnancy? ☐ Yes ☐ No
If "Yes," provide details _____

c. Do you have or have you ever had any gynecological problem? If "Yes," provide details ☐ Yes ☐ No
_____

109. **Family History**: If space is insufficient, use Amendment of Application.

Life to be Insured				
Family Member	Age (if Alive)	Health Condition/ Medical Diagnosis	Age at Death	Cause of Death
Father				
Mother				
Brothers				
Sisters				

Applicant/Owner of WPD/WPDD				
Family Member	Age (if Alive)	Health Condition/ Medical Diagnosis	Age at Death	Cause of Death
Father				
Mother				
Brothers				
Sisters				

H Health Information (Leave blank if a full medical examination is to be submitted or required based on published Company guidelines.)

Instructions: Underline conditions being referred to. For any "Yes" answer, provide further details below.

	Life to be Insured	Applicant/Owner of WPD/WPDD
110. Has any of your parents, brothers or sisters, whether living or dead, been diagnosed with breast, colon, ovarian, rectal, or other types of cancer, heart disease, cardiomyopathy, stroke, diabetes, muscular dystrophy, Alzheimer's disease, Parkinson's disease, polycystic kidney disease, or any other hereditary disorder before age 60? Indicate age at onset of illness _____	☐ Yes ☐ No	☐ Yes ☐ No
111. Are you currently taking any medication? Name of medication _____ Doctor's name and clinic address _____	☐ Yes ☐ No	☐ Yes ☐ No
112. Height and Weight Information Present height *(indicate unit of measurement)* Present weight *(indicate unit of measurement)*	_____ _____	_____ _____
113. Has there been a weight change of more than 10 pounds (4.5 kilos) within the last 12 months? If "Yes," provide details. Life to be Insured: Reason: _____ Gained ____ lbs Lost ____ lbs Applicant/Owner of WPD/WPDD: Reason: _____ Gained ____ lbs Lost ____ lbs	☐ Yes ☐ No	☐ Yes ☐ No
114. Many people during their lifetime will experience or be treated for medical conditions. Please let us know which of the following you have had, or been told you had, or sought advice or treatment for:		
a. high blood pressure, chest pain/discomfort, heart murmur, rheumatic fever, stroke, aneurysm, circulatory or heart disorder?	☐ Yes ☐ No	☐ Yes ☐ No
b. diabetes, sugar in the urine, thyroid or other glandular (endocrine) disorder?	☐ Yes ☐ No	☐ Yes ☐ No
c. kidney, bladder, or urinary disorder/infection, sexually transmitted disease, reproductive organ or prostate disorder?	☐ Yes ☐ No	☐ Yes ☐ No
d. disorders of the skin or pigmentation, enlarged glands or lymph nodes, nodules, polyps, cysts, lumps, tumor, mass, abnormal growth, cancer, malignancy, or any related conditions?	☐ Yes ☐ No	☐ Yes ☐ No
e. asthma, chronic cough, pneumonia, tuberculosis, emphysema, or any other respiratory or lung disorder?	☐ Yes ☐ No	☐ Yes ☐ No
f. fainting spells, convulsion, developmental delay, epilepsy, seizure, tremor, loss of consciousness, paralysis, severe headache(s) or migraine(s) or any other disorder of the brain or nervous system?	☐ Yes ☐ No	☐ Yes ☐ No
g. anxiety, depression, stress or any emotional/psychological, mental or psychiatric disorder?	☐ Yes ☐ No	☐ Yes ☐ No
h. ulcers, ulcerative colitis, intestinal bleeding, pancreatitis, hepatitis, cirrhosis, Crohn's disease or other disorders of the stomach, digestive organ or liver?	☐ Yes ☐ No	☐ Yes ☐ No
i. arthritis or systemic lupus erythematosus, gout, back or spinal disorder, joint pain, multiple sclerosis, bone fracture, muscular weakness or muscle disorder?	☐ Yes ☐ No	☐ Yes ☐ No
j. anemia, bleeding or blood disorder?	☐ Yes ☐ No	☐ Yes ☐ No
k. AIDS or positive HIV test?	☐ Yes ☐ No	☐ Yes ☐ No
l. any other illness or surgery?	☐ Yes ☐ No	☐ Yes ☐ No
115. Do you have any health symptoms, recurring or persistent pains, or complaints for which a physician has not been consulted or treatment has not been received?	☐ Yes ☐ No	☐ Yes ☐ No
116. Other than previously stated, have you, within the past 5 years:		
a. consulted any doctor or other health practitioner?	☐ Yes ☐ No	☐ Yes ☐ No
b. submitted to blood tests, ecg, x-rays, treadmill, echocardiogram, scans, MRI, ultrasounds, mammography, colonoscopy, biopsies or other tests?	☐ Yes ☐ No	☐ Yes ☐ No
c. attended or been admitted to any hospital or other medical facility?	☐ Yes ☐ No	☐ Yes ☐ No

117. Provide details for any "Yes" answer to Section H: Health Information. If space is insufficient, use Amendment of Application.

Proposed Insured

Question No.	Doctor's name & complete address	Dates Seen (month & year)	Reason for visit or diagnosis	Results of medical/laboratory tests, any advice or treatment received and results of treatment

Applicant/Owner of WPD/WPDD

Question No.	Doctor's name & complete address	Dates Seen (month & year)	Reason for visit or diagnosis	Results of medical/laboratory tests, any advice or treatment received and results of treatment

I Travel, Aviation, Hobbies and Lifestyle Information on the Proposed Insured 16 years old and above or Applicant/Owner of WPD or WPDD

Provide details for any "Yes" answer. If space is insufficient, use Amendment of Application.

	Life to be Insured		Applicant/Owner of WPD/WPDD	
118. Are you a Filipino citizen residing in the Philippines for less than 6 months, or are you a resident alien in the Philippines without a valid immigration status and have resided in the Philippines for less than 5 years?	☐ Yes	☐ No	☐ Yes	☐ No
119. In the last 12 months, have you travelled outside the Philippines for a period of more than 3 months, or do you intend to do so within the next 12 months? Specify country _____ Duration of Travel _____ Reason for travel	☐ Yes	☐ No	☐ Yes	☐ No
120. In the last 2 years, have you flown as a pilot, student pilot, crew member or flight attendant in a non-commercial flight or airline? If "Yes," complete and attach an Aviation Questionnaire.	☐ Yes	☐ No	☐ Yes	☐ No
121. In the last 2 years, have you engaged in scuba diving, automobile or motorcycle racing, sky diving or other aerial activities, rock mountain climbing or other hazardous sports, or do you intend to do so in the next 12 months? If "Yes," submit appropriate questionnaire.	☐ Yes	☐ No	☐ Yes	☐ No
122. Do you drink more than 4 drinks* in a single day, or drink before or during work, or drink to cope with difficulties or depression, or combine alcohol with other drugs or with certain prescription medications? If "Yes," complete and attach an Alcohol Questionnaire. *1 drink = 330ml/bottle of beer or 148 ml/glass of wine or 43 ml/shot of liquor	☐ Yes	☐ No	☐ Yes	☐ No
123. In the last 5 years, have you used marijuana, shabu, ecstacy, cocaine, LSD or other psychoactive drugs, heroin or other narcotics? If "Yes," complete and attach a Drug Usage Questionnaire.	☐ Yes	☐ No	☐ Yes	☐ No
124. Have you ever applied for or received a pension, payment, or benefit due to injury, sickness or disability? If "Yes," provide details _____	☐ Yes	☐ No	☐ Yes	☐ No
125. Do you have any physical or mental condition which prevents or has prevented continuous full-time employment in your usual occupation? If "Yes," provide details _____	☐ Yes	☐ No	☐ Yes	☐ No
126. In the last 10 years, have you declared or been petitioned for insolvency, or have been charged with or convicted with any criminal offense? If "Yes," provide details _____	☐ Yes	☐ No	☐ Yes	☐ No

J Temporary Life Insurance Questions (If you answer "Yes" to any questions below, do NOT make any payment.)

	Life to be Insured	
127. Have you ever applied for life or health insurance and been refused coverage? If "Yes," provide details, _____	☐ Yes	☐ No
128. Within the last 2 years, have you consulted a doctor for chest pain, stroke, heart attack, any other disease of the heart or cancer? If "Yes," provide details _____	☐ Yes	☐ No
129. Within the last 60 days, have you been admitted or advised to be admitted as an in-patient in a hospital or clinic (except for pregnancy, child birth or routine health check-up), or have you been advised to have any test or to undergo surgery? If "Yes," provide details _____	☐ Yes	☐ No

K Corrections and Amendments

130. For Company Use Only

L Signatures

****IMPORTANT** All payments made through our advisors must be covered by a BIR-approved Provisional Receipt issued by the Company.**

By signing, you acknowledge/agree that:

A. Declaration

- you were present during the completion of this Application and the answers and statements made on this Application and in any other documents forming part of this Application are true, complete, with your full consent and will be the basis of any contract that may arise. Concealment, misrepresentation and false declaration covering this Application will cause the insurance to be void;
- the funds where the premiums are sourced from were not generated from, or in any way related to, any of the unlawful activities listed in the Anti-Money Laundering Act (AMLA) and the Terrorism Financing Prevention and Suppression Act (TFPSA);
- should you fail to update your records with us once every three (3) years, the Company, pursuant to AMLA and relevant issuances, may: a) restrict or prohibit any services on the policy until you have fully updated your records; b) terminate the policy, in which case the policy owner shall only receive the unused portion of the premiums, fund value, or guaranteed value of the policy plus the cash value of any applicable dividend credits and credited special paid-up bonus less any advances with interest, whichever is applicable as determined by the Company;
- you consent to be bound by the obligations set out in the AMLA, TFPSA and relevant United Nations Security Council Resolutions (UNSCRs) relating to the prevention and suppression of terrorism financing, and financing of proliferation of weapons of mass destruction, including the freezing and unfreezing actions as well as prohibitions from conducting transactions with designated persons and entities. In this regard, you authorize the Company to freeze and unfreeze your policies pursuant to UNSCRs and issuances of the Anti-Money Laundering Commission (AMLC), regardless of the filing of civil forfeiture proceedings;
- in case of apparent errors or omissions in this Application, or if the Company is unwilling to issue a policy applied for, the Company may amend this Application by noting the change in the space entitled "Corrections and Amendments" and issue a policy based on such amended Application. Advisor and/or medical examiner are not authorized to underwrite, issue and/or modify a policy, and waive any of the Company's rights or requirements;
- except as provided in the Proof of Temporary Life Insurance bearing the same number of this Application, the Company will not incur any liability until: a) this Application is approved and a policy is issued; b) first premium is fully paid; and c) the answers and statements in this Application and related documents are true and complete up to the time the premium is paid;
- Article 1250 of the Civil Code of the Philippines shall not apply to any of the payment and guaranteed benefits under any policy to be issued;
- unless otherwise requested, we may electronically or physically transmit the policy and other related documents to you in electronic or printed format. If electronically transmitted, it shall be deemed received by you on the date of transmission. We do not assume any responsibility for technical errors, failure to access, delay or any similar occurrences beyond the reasonable control of the Company. You agree that electronic or digital signatures or sign-in-wrap utilized in this Application and other related and applicable documents shall have the same force and effect as a manual signature. You understand the risks and assume full responsibility for all your electronic transactions, and warrant that the Company can rely on your electronic signatures and/or instructions via electronic means; and
- you will accept the policy when issued; provided that for variable life insurance or health insurance, such acceptance shall be subject to the applicable "cooling-off" period provision.

B. Participating Life Insurance (if applicable)

You understand that in a participating life insurance policy, the policy owner is eligible to receive dividends and special paid-up bonus subject to the following limitations/conditions:

- the Company in its sole discretion determines the amount of dividends and special paid-up bonus, if any;
- dividend rates and special paid-up bonus will typically vary based on the performance of a number of factors, including mortality experience, taxes, inflation, policy owner termination experience, and policy expenses, with the investment return of the Company being the main determinant of dividend and special paid-up bonus performance; and
- considering the variability of dividend performance and special paid-up bonus, it is not guaranteed that there will be a dividend and special paid-up bonus accumulation sufficient to offset any future premiums or the policy will become self-liquidating or able to pay its own premiums in the future.

C. Variable Life Insurance (if applicable)

- a variable life insurance product involves risks and the value of units in Investment Funds may rise and fall;
- the benefits payable under such product are linked to the performance of the Investment Funds according to your Fund Allocation Instruction;
- your Fund Allocation Instruction is based on your judgment and you have not relied on any advice provided by the advisor;
- while the policy is in effect, any premiums received by the Company, after deducting the relevant Premium Charges, are used to create units in Investment Funds for allocation to the policy and such units will be created based on the unit price of the Investment Fund on the Valuation Date immediately following our receipt of such premiums in cleared funds;
- premiums and all charges may be changed by the Company with the prior approval of the Insurance Commission; and
- you may cancel the policy and obtain a refund equal to the value of your units plus the initial charges by fulfilling the requirements under the "cooling-off" provision of the policy.

D. Data Privacy and Authorization

Medical Information Database

In accordance with the Insurance Commission's Circular Letter No. 2016-54, your medical information will be uploaded to a Medical Information Database accessible to life insurance companies for the purpose of enhancing risk assessment and preventing fraud. Once uploaded, all life insurance companies will only have limited access to your information in order to protect your right to privacy in accordance with law.

A copy of Circular Letter No. 2016-54 may be accessed at the Insurance Commission's website at www.insurance.gov.ph.

Authorization to Process your Personal Data

You agree that the Company shall process your personal data to: a) evaluate your application and administer your account; b) process claims and enforce/fulfill contractual rights/obligations; c) improve the provision of products and services (including improvement in systems and business processes, data analytics, automated processing, etc.); d) comply with legal obligations, as well as laws and regulations (domestic or foreign); and e) manage risks and pursue its legitimate interests, including verification and obtaining additional personal data from third party sources. The Company may disclose your personal data to its affiliates, service providers, and other third parties for processing consistent with the foregoing purposes, who shall be bound by contractual or other reasonable means to protect your personal data.

Your personal data shall be retained for the duration of your coverage under your plan or existence of your account(s) and/or upon the later of the expiration of the retention limit set by Company standards, laws and regulations, counted from account closure. You certify that you understand and agree with the declarations and authorizations above and the Company's privacy policy at https://apps.sunlife.com.ph/privacy.

L Signatures (continuation)

Authorization to Obtain Information

a) You authorize any physician, hospital, clinic, insurance company or other organization, institution, or person that has any personal record of you and/or the Life to be Insured to give to the Company any and all information about you and/or the Life to be Insured including but not limited to personal data and other information with reference to your and/or the Life to be Insured's health and medical history and any hospitalization, advice, diagnosis, treatment, disease or ailment. This information is required for, and may be sought during underwriting evaluation of the risk associated with your and/or Life to be Insured's application for life insurance, administration and continuing service of your and/or the Life to be Insured's insurance policy, assessment and payment of insurance claims for living and death benefits, and providing you and/or the Life to be Insured with products that cater to your and/or the Life to be Insured's needs at any given point in time; b) You also authorize the Company to have your and/or the Life to be Insured's blood and urine samples analyzed for the purpose of underwriting your application for your insurance coverage and or that of the Life to be Insured. The analysis of the blood and urine sample may include, but is not limited to, tests where allowed by law, for diabetes, liver function, kidney disorders, cholesterol and related blood lipids, presence of immune disorder or the presence of medication, drugs or nicotine; and c) You also authorize the Company to conduct a personal investigation and/or verification on you and/or the Life to be Insured, and any records or data you have provided with third parties, including government agencies. A copy of the authorization granted in this document shall be valid as the original.

131. Signature of Life to be Insured (required if the Life to be Insured is 18 years old and above) X	132. Date of Signing (day/month/year)	133. Place of Signing
134. Signature of Applicant X	135. Date of Signing (day/month/year)	136. Place of Signing
137. I.D. Presented (Government-Issued & Photo-Bearing I.D.)	138. I.D. No.	139. I.D. Expiry Date (day/month/year)
140. Signature of Parent (required if Life to be Insured is below 18 years old or if the Applicant is not the child's parent) X	141. Date of Signing (day/month/year)	142. Place of Signing
143. Printed Full Name of Parent	144. Printed Full Name of Child	
145. Signature of Authorized Signatory (required if Applicant is a Business Entity) X	146. Date of Signing (day/month/year)	147. Place of Signing
148. Printed Full Name of Authorized Signatory (required if Applicant is a Business Entity)	149. Designation	
150. Printed Full Name and Signature of Advisor who conducted the interview and verified the signatures X	151. Date of Signing (day/month/year)	152. Place of Signing

M Foreign Account Tax Compliance Act (FATCA) Questions

153. Are you a U.S. Citizen? ☐ Yes ☐ No

154. Are you a tax resident of the U.S. because you hold a green card (permanent resident card)? ☐ Yes ☐ No

155. Are you a tax resident of the U.S. under the substantial presence test?* ☐ Yes ☐ No

**To meet this test, you must be physically present in the United States (U.S.) for at least: 1) 31 days during the current year, and 2) 183 days during the 3-year period that includes the current year and the 2 years immediately before that, counting: a) All the days you were present in the current year, b) 1/3 of the days you were present in the first year before the current year, and c) 1/6 of the days you were present in the second year before the current year.*

156. ☐ U.S. TIN (SSN / ITIN): _____ ☐ Foreign TIN (other than US and PHL): _____

If you answer "Yes" to any of the above questions but do not have a U.S. TIN, please indicate one of the following reasons:

☐ 157a. Reason A – You have applied for a TIN or equivalent number and you agree to provide Sun Life with the TIN or equivalent number within 15 days of receiving it from the US IRS.

☐ 157b. Reason B – You have not applied for a TIN or equivalent number or you were unable to obtain a TIN or equivalent number. If you select Reason B, please indicate your explanation in this box.

DECLARATION AND SIGNATURE:

You hereby certify that all statements relevant for purposes of FATCA made in Parts A and M of this Application are, to the best of your knowledge and belief, correct and complete. You agree that you will submit a new Individual Self-Certification form within 30 days if any information on this form becomes incorrect. You also agree to advise the Company promptly of any change in circumstances which causes the information contained herein to become incorrect and to provide the Company with an updated Individual Self-Certification form within 30 days of such change in circumstances.

By signing below, you understand and agree that the Company may share information that you provided on this Application, including other information in its possession relevant to the tax qualification claimed on this Application, with relevant tax authorities in order to meet its local and foreign tax reporting obligations.

You certify that you are the Applicant or that you are authorized to sign for the Applicant in respect of the account(s) to which this Application relates. You agree to provide proof of authority upon request.

158. Printed Full Name and Signature of the Applicant X	159. Printed Full Name, Designation, and Signature of Authorized Signatory X	160. Date of Signing (day/month/year)

Proof of Temporary Life Insurance

Sun Life

Sun Life of Canada (Philippines), Inc., (the "Company") agrees to provide temporary life insurance on the Life to be Insured beginning on the date of the Application bearing the same serial number as this Proof of Temporary Life Insurance (the "Proof") only if the following conditions are fulfilled to the satisfaction of the Company:

1. the first premium has been paid with the Application and duly received by the Company;
2. the temporary life insurance questions in the Application have been truthfully answered "No"; and
3. all other required questions of the Application have been answered completely and truthfully.

Limitation on Amount of Insurance
The amount of insurance money payable on the death of the Life to be Insured pursuant to this Proof is the amount which the Company would have paid had the policy applied for been issued. In no event will the Company pay more than:

- Php2,000,000 in total, if all policies applied for are peso-denominated; or
- the equivalent of Php2,000,000 in US Dollars, if all policies applied for are US dollar-denominated; or
- the equivalent of Php2,000,000 in a combination of Philippine pesos and US dollars, if both peso and US dollar policies are applied for

including any accidental death benefit, under all Proofs of Temporary Life Insurance in force in respect of the deceased insured. The applicable exchange rate at the date of payment shall be used to determine the Company's liability in US dollars, if any. The insurance money will be prorated among all Proofs of Temporary Life Insurance in force on the deceased insured. Any amount paid for the amount of insurance in excess of the Company's liability under this Proof will be refunded.

Termination of Coverage on the Life to be Insured will be the earliest of the following:
a. the date a termination notice has been sent by the Company to the Applicant;
b. the date a policy issued as a result of the Application takes effect;
c. the date termination is requested by the Applicant; or
d. the date of death of the Life to be Insured.

Beneficiary
The beneficiary for temporary life insurance is the person or persons named as primary death beneficiary/ies in the policy being applied for.

Exclusion
If the Life to be Insured dies by suicide, the pertinent provisions of the Insurance Code shall apply. Where no insurance money is payable, the amount paid with the Application will be refunded.

No Advisor has the authority to modify the terms of this Proof.

Important Notice
The Insurance Commission, with offices in Manila, Cebu, and Davao, is the government office in charge of the enforcement of all laws related to insurance and has supervision over insurance companies. It is ready at all times to assist the general public in matters pertaining to insurance. For any inquiries or complaints, please contact the Public Assistance and Mediation Division (PAMD) of the Insurance Commission at 1071 United Nations Avenue, Manila with telephone numbers +632-8-5238461 to 70 and email address at publicassistance@insurance.gov.ph. The official website of the Insurance Commission is www.insurance.gov.ph.

Issued by Sun Life of Canada (Philippines), Inc., a member of the Sun Life group of companies
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