Individual's Application for Group Insurance

Sun Life Financial

Please PRINT clearly.
Use BLACK ink.

In the Philippines, group insurance products are provided by Sun Life of Canada (Philippines), Inc., a member of the Sun Life Financial group of companies.

In this application, *you* and *your* refer to the person being insured, the Individual, while *we, us, our* and *the Company* refer to Sun Life of Canada, (Philippines), Inc.

Sun Life of Canada (Philippines), Inc. is a Covered Institution under Republic Act No. 9160, as amended, otherwise known as the Anti-Money Laundering Act of 2001.

1 General Information

Relating to Individual

Please check the appropriate box for the Type of Insurance applied for.

Please provide complete address; do not use P.O. box.

Last Name	☐ Male ☐ Female	☐ Mr. ☐ Miss ☐ Mrs. ☐ Others, specify	
First Name	☐ Single ☐ Divorced	☐ Married ☐ Separated	☐ Widowed
Middle Name	Birthdate (day/month/year)	Age (last birthday)	
Other Legal Names (a.k.a.)	Birthplace	Nationality ☐ Filipino ☐ Others, specify	
Type of Group Insurance Applied for ☐ Term Life ☐ Personal Accident	TIN	SSS/GSIS No.	
Residence Address (no., street, municipality)			
City	Province	Country	Zip Code
Occupation	Basic Salary		
Name of Employer	Date Employed (day/month/year)		
Business Address (no., street, municipality)			
City	Province	Country	Zip Code
Home Phone	Business Phone	Cell Phone	E-mail Address

Beneficiary

Please indicate beside each named beneficiary if revocable or irrevocable.

If the space provided is insufficient, please use separate sheet and attach to the application.

Primary Beneficiary/ies for proceeds as they become due on death

Name (First Name, MI, Last Name)	Date of Birth (day/month/year)	Relationship to Individual

Contingent Beneficiary/ies in event of death of all primary beneficiaries

Name (First Name, MI, Last Name)	Date of Birth (day/month/year)	Relationship to Individual

2 Signatures

By signing below, you hereby agree that your insurance will become effective in accordance with the terms of the plan as outlined in the Group Policy provided that you are Actively-At-Work on such date and the premium corresponding to your insurance coverage has been paid.

Signature of Individual X	Printed Name
Signature of Witness X	Printed Name
Place of Signing	Date of Signing (day/month/year)

3 For Company Use Only

Policy No.	Certificate No.	Effective Date