

Settlement Bank Account Enrollment Form



The Sun Life Prosperity Funds, referred to as "Funds," are all managed and distributed by Sun Life Asset Management Company, Inc. (SLAMCI), a member of the Sun Life group of companies.

In this form, you and your refer to the investor(s), while we, our, and the Company refer to SLAMCI.

IMPORTANT NOTES:

You must accomplish and submit the form and requirements to any of our Mutual Fund (MF) Representatives, Client Service Centers, or through an e-mail to slamc@sunlife.com. All signed documents sent via e-mail shall be treated as original copies. For inquiries, please send an e-mail to sunlink@sunlife.com.

Please write legibly by using CAPITAL LETTERS. Write N/A if the question is not applicable. Mark the box(es) with a "✓" to indicate your choice(s), then sign the form only when completely filled out.

A General Information

1. MF Account Number 012345678CF01	2. MF Account Name JUAN DELA CRUZ	3. Contact Information (mobile or landline) 0912 345 6789
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Note: For inquiries regarding this request, we will reach out to you using the contact details indicated in item 3. This will NOT update your existing contact details on record.

B Enrollment Guidelines

Before proceeding, please read through the following guidelines:

- Only **one settlement bank account** shall be enrolled **per currency, per MF Account**. You may use the same settlement bank account for your other MF Account(s), provided it/they pertain(s) to the same accountholder(s).
- Your settlement bank account name must be **exactly the same** (in order, format, and joint account type when applicable) as your MF Account Name, in order for redemption and other proceeds to be credited by the bank.
- SLAMCI will credit **all future redemptions and other proceeds from all Funds** to your enrolled settlement bank account. We will not be liable for delays in, or unsuccessful crediting of redemption and other proceeds due to errors or discrepancies in bank account name and/or other information provided.
- Any new enrollment or updates to your settlement details is subject to SLAMCI's review and will supersede previously enrolled settlement bank accounts.

C Enrollment Details

4. Nominate your default Philippine Peso (PHP) and/or US Dollar (USD) settlement bank account(s) below.

4a. PHP Settlement Bank Account		4b. USD Settlement Bank Account	
Bank Name	Bank Account Number (SA/CA)	Bank Name	Bank Account Number (SA/CA)
RCBC	00012345678	RCBC	00012345678
<input checked="" type="checkbox"/> Enroll as the default PHP settlement bank of the following MF Account Number(s): <small>(Note: This option is allowed only when the MF Account Number(s) pertain(s) to the same accountholder/s indicated in item 2)</small> 012345678CF01		<input type="checkbox"/> Enroll as the default USD settlement bank of the following MF Account Number(s): <small>(Note: This option is allowed only when the MF Account Number(s) pertain(s) to the same accountholder/s indicated in item 2)</small>	

Requirement for Proof(s) of Bank Account Ownership

- As an extra validation measure, please provide **any one (1)** of the documents below as proof that you are the authorized owner(s) of the settlement bank account(s) nominated above:
 - Bank Statement of Account
 - Certificate of Bank Deposits
 - First Page of the Account Passbook
 - Check
 - ATM Card showing the bank account number
- The bank account number(s) and the account name(s) must appear on one (1) page and should be readable and clear. **SLAMCI may require presentation of additional documents to validate submissions.**

D Investor's Acknowledgment and Agreement

By signing below, you confirm that:

- All information provided in this form are true, correct, and complete. All agreements made with SLAMCI are set out in this form.
- You declare under pain of criminal and/or civil liability that you are the owner of the stated settlement bank account(s). We will not be liable if the proceeds are credited to an erroneous bank account due to your fault or negligence. Bank charges, if any, will be taken from your account.
- Crediting of redemption and other proceeds to your designated settlement bank account number or account name fully releases and discharges SLAMCI from any claims or liabilities related thereto.
- You agree to indemnify and hold SLAMCI free and harmless from any and all claims, losses, including opportunity loss, damages, or expenses as a result of this enrollment request, including any misrepresentation as to the owner of the bank account(s), and/or failure of your bank or its intermediary to honor the transaction.
- You also hold SLAMCI free and harmless from any liability that may arise from any transfer, disclosure, processing, collection, use, storage, or destruction of your information.
- Compliance with the Data Privacy Act of 2012 (R.A. No. 10173):** You (i) agree to the processing of your personal data in accordance with, and for the purposes declared in, Sun Life's Privacy Policy available at <https://online.sunlife.com.ph/privacy>, and for the additional purpose of implementing your request/instructions herein, and (ii) reaffirm your consent to the processing of your personal data as recorded in your most recent application form, and acknowledge that such consent continues to be in full force and effect.
- Electronic or digital signatures or sign-in-wraps utilized in this form 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 SLAMCI can rely on your electronic signatures and/or instructions via electronic means. We do not assume any responsibility for technical errors, failure to access, delay or any similar occurrences beyond our reasonable control.

5. Printed Name and Signature of Principal Investor / Institution's Authorized Representative (1) JUAN DELA CRUZ	6. Date Signed (e.g., 12-31-2000) Month Day Year 06 - 29 - 2023
7. Printed Name and Signature of Co-Investor (1) / Institution's Authorized Representative (2) _____ Please sign here	8. Date Signed (e.g., 12-31-2000) Month Day Year ____ - ____ - ____
9. Printed Name and Signature of Co-Investor (2) / Institution's Authorized Representative (3) _____ Please sign here	10. Date Signed (e.g., 12-31-2000) Month Day Year ____ - ____ - ____

FOR OFFICE USE ONLY

11. Date Received	12. Time Received	13. Receiving Department/Office
14. Remarks		