Prosperity Card Purchase 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 Financial group of companies.

In this form, you and your refer to the buyer, while we, us, our, and the Company refer to SLAMCI.

Purpose of the Form:

This form allows you to purchase a Sun Life Prosperity Card. The Sun Life Prosperity Card is a stored value gift card that may be used to invest in pesodenominated Sun Life Prosperity Funds.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR PURCHASING A SUN LIFE PROSPERITY CARD:

Any information provided in this form 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.

IMPORTANT NOTES:

You must accomplish and submit the completed form and present your valid ID to select Client Service Centers. For inquiries, please send an email to sunlink@sunlife.com.

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.

form only when completely filled out.										
A General Information										
1. Name of Buyer										
Last Name										
First Name										
Middle Name										
Permanent Home Address [No., Street, Vil	Unan /Cult division Domon	and City / Municipality Provide	an /State Cours	m. (DO Boy is not soon	rahla)]	3. Zip Code				
2. Termanent Home Address [No., street, Vii	ilage/ subdivision, barang	gay, City/Municipanty, From	ice/ state, coun	ту (г.о вох із пос ассер	labiejj	3. Zip Code				
4. Contact Number (country code, number, e.g.	+639123456789)	5. Birthdate	Day	Month	Year					
4. Contact Number (country code, number, e.g. +639123456789) 5. Birthdate Day Month Year (e.g. 08-AUG-2008) — —										
6. Citizenship/Nationality	7. Birthplace (C	Lity/Province/State and Cou	ntry)	8. E-mail Addres	S					
9. Name of Employer/Business	10. Nature of W	/ork/Business	11. SSS N	lo., GSIS No. or Phi	lippine Tax Ide	entification No. (TIN)				
12. Source of Funds										
Investments in other instruments	(time deposits, etc	:.) Inherita	nce							
				lan / insuranco noli	CV.					
	Income / bonus from employment Matured pre-need plan / insurance policy									
Proceeds from sale of assets (real	estate, etc.)	Other s	ources, pleas	e specify:						
B Card Details										
Denomination	Denomination Quantity				Total					
Php 5,000										
					,	·				
Php 1,000					,					
Other:										
					,	•				
Other:					,					
			Tota	ıl PHP						
					,					
C Compliance with the Anti-Money L		ILA)								
Third Party/Beneficial Owner Determination A third party/beneficial owner is a person or		nds the purchase of th	e buyer.							
13. Is there any Third Party/Beneficial Owi										
a) who funds the purchase	,	Vos I	.la							
			Yes 1	٧o		l				

Page 1 of 2 Ver 2, Rev 08-2022

If the	ere is a Third Party/Beneficial Own	ier, provide de	tails below:								
14. Name (Last, First, M.I.) / Business Name			15. Relationship to th	he Buyer 16. Occupation							
17.	Permanent Address [No., Street, Vill	age/Subdivision, I	Barangay, City/Mur	nicipality, Prov	I vince/State, Country (P.O. Box	is not acceptable))]	1.	8. Zip Code		
19.	19. Birthdate (e.g. 08-AUG-2008) Day Month Year 20. Birthplace (City/Pro			Ce (City/Prov	ovince/State and Country) 21. Philippine Tax Identification No. (TIN)						
							_		_		
22.	Type of Entity (e.g. corporation/partnership, etc.)	23. Nature	of Business	24. Date	of Incorporation (e.g. 08 Month ————————————————————————————————————	-AUG-2008) Year	25.	. Country o	f Incorporation		
26.	Source of Funds	1									
	Investments in other instrur	ments (time d	eposits, etc.)		Inheritance						
	Income / bonus from emplo	oyment			Matured pre-need plan	/ insurance p	olicy				
	Proceeds from sale of assets	s (real estate,	etc.)		Other sources, please s	pecify:					
D	Terms and Conditions										
						t by laws and regulations from account closure and the ruction or disposal or records.					
The card owner shall be responsible for the Prosperity Card. Lost or stolen cards shall not be replaced, and the value of the cards will not be refunded by the Company.				You certify that you have read, understood, and agreed with these term and conditions, including the Company's privacy policy found a https://online.sunlife.com.ph/privacy .							
You authorize the Company, its employees, duly authorized representatives, related companies, third party service providers, and vendors to process and share any personal and sensitive information that you have provided or hereinafter may provide to the Company ("Information") in relation to this Application and/or through any of the transactions that you have or may have with the Company with any person or organization to: (i) service my account, (ii) process transactions and enforce the contract, (iii) pursue its legitimate and lawful rights and interests and other interests and other purposes allowed under applicable laws and regulations, including, but not limited to, those relating to data privacy and anti-money laundering; and (iv) to comply with its obligations under applicable laws and regulations. You agree that your Information shall be retained throughout the existence of your SLAMCI account(s) and/or until expiration of the				process rovided ation to have or service pursue d other	You agree to indemnify and hold free and harmless the Company, it officers, staff, agents and representatives free and harmless from any and all liability that may arise from any acts referred to above. Where a separate waiver is required to provide any information to competent authority or it delegate, you undertake to provide such waiver in a format acceptable to the Company. You confirm that the funds used to purchase the card are not in any way related to any illegal activity.						
				ng; and lations.	You also authorize the Company to conduct a personal investigation and/ or verification on you 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.						
27.	Would you like to receive perso Sun Life Financial Plans, Inc. (SLF Yes No			•				•	•		
28.	Printed Name and Signature of B	Buyer				29. Date of Day	Signing (e.; Moi		B) Year		
For	Office Use Only										
30.	Indicate the card numbers of the	e Prosperity C	ards:								

C Compliance with the Anti-Money Laundering Act (continuation)

Page 2 of 2 Ver 2, Rev 08-2022