

DECLARATION OF CORPORATION

Sun Life Assurance Company of Canada Singapore Branch (“Sun Life Singapore”)

IMPORTANT NOTES

- This form is required where a company, partnership, sole proprietorship, limited liability company or limited liability partnership (each defined an “Entity” for the purposes of convenience for this Form only) is a Policy Owner. This form should be completed by person(s) authorised by the Entity, as relevant.
- In addition to completing this form, the following certified true copy items must be provided, as relevant:
 - Certificate of Incorporation
 - Partnership agreement
 - Assignment deed or agreement
 - ACRA BizFile report within 6 months of the date this form is signed
 - Certificate of Incumbency within 1 year of the date this form is signed
 - Certificate of Good Standing within 1 year of the date this form is signed
 - Board resolution authorising the purchase of life policy/transfer of ownership
 - Authorised Signatory List with each authorised signor’s full name, title, specimen signature, and dated within 12 months of the date this form is signed
 - When the Corporation is the Owner or Beneficiary of the Policy,
 - Government issued identification and proof of residential address for the authorised signatories, directors and beneficial owners
 - U.S. FATCA and OECD CRS Entity Self-Certification
- We reserve the right to request additional documents in order to process your request.

SECTION A POLICY INFORMATION

Policy Number

Insured’s Name

SECTION B ENTITY INFORMATION

Entity Type

Corporation Partnership Others (please specify) _____

Name of Entity

Date of Formation (dd-mmm-yyyy)

Incorporation / Registration Number

Country of Incorporation / Registration

Nature of Business / Industry (e.g. Manufacturing, Hospitality, etc.)

Purpose of the Entity (if this is not an operating company)

SECTION B ENTITY INFORMATION (continued)

Registered Address	
City	State / Province
Postal Code	Country
Mailing Address (if different from Registered Address)	
City	State / Province
Postal Code	Country

SECTION C DIRECTORS, OFFICERS OR INDIVIDUALS AUTHORISED TO GIVE INSTRUCTIONS ON BEHALF OF THE CORPORATION

- A certified true copy of government issued identification and proof of residential address must be provided for all individuals.

First Individual Director

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Miss <input type="checkbox"/> Other	Family Name / Surname / Last Name (including Suffix) as appears on ID / Passport
Given Name / First Name as appears on ID / Passport	
Do you have or are you known by, any former name, maiden name, alias, or other name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please provide the other name(s)	
Date of Birth (dd-mmm-yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth	Nationality
List all countries where you hold a current passport, long term visa, national ID, permanent resident status or work permit	
Email Address (This email address will be the email address through which we accept instructions and signed documents, as relevant, from you, without further reference to you, unless you instruct us otherwise in writing.):	Mobile Number (Including country code):

**SECTION C DIRECTORS, OFFICERS OR INDIVIDUALS AUTHORISED TO GIVE INSTRUCTIONS
ON BEHALF OF THE CORPORATION (continued)**

Residential Address	
City	State / Province
Postal Code	Country
Name of Business/Employer	Location of Business/Employer
Job Title	Job Duties
Nature of Business / Industry (e.g. Manufacturing, Hospitality, etc.)	
Have you ever been a Politically Exposed Person (PEP) ¹ or a close associate ² of a PEP? If "Yes," please provide details	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of PEP	
Designation of PEP	
Country of PEP	
Period Held (yyyy)	
Start Year	End Year

**SECTION C DIRECTORS, OFFICERS OR INDIVIDUALS AUTHORISED TO GIVE INSTRUCTIONS
ON BEHALF OF THE CORPORATION (continued)**

Second Individual Director

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Miss <input type="checkbox"/> Other	Family Name / Surname / Last Name (including Suffix) as appears on ID / Passport	
Given Name / First Name as appears on ID / Passport		
Do you have or are you known by, any former name, maiden name, alias, or other name? If "Yes," please provide the other name(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (dd-mmm-yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Country of Birth	Nationality	
List all countries where you hold a current passport, long term visa, national ID, permanent resident status or work permit		
Email Address (This email address will be the email address through which we accept instructions and signed documents, as relevant, from you, without further reference to you, unless you instruct us otherwise in writing.):		Mobile Number (Including country code):
Residential Address		
City	State / Province	
Postal Code	Country	
Name of Business/Employer	Location of Business/Employer	
Job Title	Job Duties	
Nature of Business / Industry (e.g. Manufacturing, Hospitality, etc.)		
Have you ever been a Politically Exposed Person (PEP) ¹ or a close associate ² of a PEP? If "Yes," please provide details		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of PEP		

SECTION C DIRECTORS, OFFICERS OR INDIVIDUALS AUTHORISED TO GIVE INSTRUCTIONS ON BEHALF OF THE CORPORATION (continued)

Designation of PEP	
Country of PEP	
Period Held (yyyy)	
Start Year	End Year

¹ Politically Exposed Person (PEP) is a natural person who is or has been entrusted with prominent public functions in Singapore, a foreign country or an international organisation. Prominent public functions include the roles held by a head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature and senior management of international organisations.

² "Close associate" means a natural person who is closely connected to a PEP, either socially or professionally.

Corporate Director

For a Corporate Director, please complete the below and provide the CTC Corporate Client Due Diligence documentation.

Full Legal Name	
Residential Address	
City	State / Province
Postal Code	Country
Mailing Address (if different from above)	
City	State / Province
Postal Code	Country

SECTION D BENEFICIAL OWNERS

Please provide the information requested below for all individuals that ultimately own or control 25% or more of the shares or voting rights; or controls the assets and funds, whether through ownership or other means.

For ownership structure with multiple entity layers in between before arriving at the Ultimate Beneficial Owner(s) who is a natural person/ individual, please provide the Corporation documentation of all the ownership layers.

Individual Beneficial Owners:

- A certified true copy of government issued identification and proof of residential address must be provided for all individuals.

First Beneficial Owner

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Miss <input type="checkbox"/> Other	Family Name / Surname / Last Name (including Suffix) as appears on ID / Passport	
Given Name / First Name as appears on ID / Passport		
Do you have or are you known by, any former name, maiden name, alias, or other name? If "Yes," please provide the other name(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (dd-mmm-yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Country of Birth	Nationality	
List all countries where you hold a current passport, long term visa, national ID, permanent resident status or work permit		
Residential Address		
City	State / Province	
Postal Code	Country	
Name of Business/Employer	Location of Business/Employer	
Job Title	Job Duties	
Nature of Business / Industry (e.g. Manufacturing, Hospitality, etc.)		
Source of Wealth: <input type="checkbox"/> Business or Trade Income <input type="checkbox"/> Inheritance and Gifts <input type="checkbox"/> Investment <input type="checkbox"/> Salary <input type="checkbox"/> Sales of Assets <input type="checkbox"/> Others: _____		

SECTION D BENEFICIAL OWNERS (continued)

Percentage of Ownership or Control %	
Relationship with Insured <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Others _____	
Have you ever been a Politically Exposed Person (PEP) ¹ or a close associate ² of a PEP? If "Yes," please provide details <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of PEP	
Designation of PEP	
Country of PEP	
Period Held (yyyy) Start Year End Year	

Second Beneficial Owner

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Miss <input type="checkbox"/> Other	Family Name / Surname / Last Name (including Suffix) as appears on ID / Passport
Given Name / First Name as appears on ID / Passport	
Do you have or are you known by, any former name, maiden name, alias, or other name? If "Yes," please provide the other name(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth (dd-mmm-yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth	Nationality
List all countries where you hold a current passport, long term visa, national ID, permanent resident status or work permit	
Residential Address	
City	State / Province
Postal Code	Country

SECTION D BENEFICIAL OWNERS (continued)

Name of Business/Employer		Location of Business/Employer	
Job Title		Job Duties	
Nature of Business / Industry (e.g. Manufacturing, Hospitality, etc.)			
Source of Wealth: <input type="checkbox"/> Business or Trade Income <input type="checkbox"/> Inheritance and Gifts <input type="checkbox"/> Investment <input type="checkbox"/> Salary <input type="checkbox"/> Sales of Assets <input type="checkbox"/> Others: _____			
Percentage of Ownership or Control %			
Relationship with Insured <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Others _____			
Have you ever been a Politically Exposed Person (PEP) ¹ or a close associate ² of a PEP? If "Yes," please provide details			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of PEP			
Designation of PEP			
Country of PEP			
Period Held (yyyy)			
Start Year		End Year	

SECTION E REPRESENTATIONS AND SIGNATURES

I/We confirm that I/we are duly authorised by the Entity named in Section B, to act for and on its behalf in making the following statements to Sun Life Assurance Company of Canada Singapore Branch ("the Company"):

- a. Where the Entity named in Section B is the Policy Owner:
 - i. The Company shall accept instructions from the Entity pursuant to the Entity's authorised signatory list, without needing to verify further or make any other inquiry. The Entity shall update the Company immediately if there is any change to the Entity's signing authority, and until the Company receives any revised signing authority from the Entity, the Company is entitled to rely on the signing authority it has last received from the Entity;
 - ii. The Entity confirms that its holding of the Policy is not in contravention of any relevant laws, regulations, industry requirements, guidelines from governmental authorities, or its contractual or other obligations;
 - iii. The Entity agrees that the Company shall not be responsible for the application or disposition of the proceeds of the Policy paid to the Entity or Beneficiary(ies) on instructions of its authorised personnel, and payment at the direction of its authorised personnel according to its authorised signatory list valid at the material point in time, shall fully discharge the Company from all liability under said Policy to the extent of such payment.
- b. The Entity is valid, organized, and existing under the laws of the country identified in Section B of this form, and not subject to any liquidation, dissolution, receivership, winding up or any similar process.
- c. The Entity acknowledges that the Company is placing reliance on the documents and information it has provided to the Company for the purposes of the Policy, and making its assessments based on these. Thus any incorrect information or misrepresentation may render the Policy void. The Entity confirms that it has submitted all applicable document(s) pertaining to itself, that all the information provided on this form are true, correct and complete, and all documents are valid and the latest applicable versions. The Entity shall immediately inform the Company where any of the aforesaid information or document becomes incorrect or superseded respectively, and update the Company accordingly.
- d. The Entity shall submit further information and/or documents upon reasonable request by the Company. The Entity acknowledges that the Company may also obtain information from public or other sources it deems reliable, to manage its risks, provide its products and services, and effect due diligence checks on the Entity and/or its directors, employees and personnel, that the Company is required to do under laws and regulations.
- e. The Entity has assessed and resolved that its holding of the Policy is in its best interests, and it is not acting on behalf of or at the direction of any undisclosed third-party. The Entity acknowledges that if it has any uncertainty or doubt, it should seek its own independent legal, financial, tax or other advice as it deems necessary.
- f. The Entity acknowledges and agrees that the Company have obligations to meet the requirements of Singapore and foreign regulatory and tax authorities, as applicable, and thus may be required to share information and submit reporting for tax and withholdings of any payments, as relevant, from time to time.
- g. The Entity acknowledges and agrees that (i) to the extent required or permitted by laws or regulations applicable to the Company or its corporate parent(s), subsidiaries, or affiliates, the Policy and any person's interest therein may be reported to tax and regulatory authorities in Singapore or other applicable jurisdictions; and (ii) consent for the Company to collect, use, store, disclose and/or transfer my Personal Data (as defined in the Personal Data Protection Act 2012 ("PDPA")) to its corporate parent(s), head office, subsidiaries or affiliates, agents, independent contractors or service providers, actual or potential assignees, novatees, transferees, successors, reinsurers, professional advisors, auditors, courts, tribunals, regulators, supervisory or governmental bodies or authorities, police, banks, financial institutions, credit reference agencies, nominees, stock exchanges, trade repositories, clearing houses, fund managers or administrators, issuers, underwriters, distributors or brokers, any person or entity who or which is entitled to demand or request for the Company to make a disclosure under laws and regulations or to whom it is in the Company's interests to make disclosure to perform its functions or meet its legal regulatory or other obligations, and/or any person or entity that the Company is required by a court or tribunal or regulator or governmental authority to make disclosure, whether in Singapore or elsewhere, for any of the following purposes (a) to process and evaluate an application, transaction, or request related to life insurance, annuity, investment account, or other product or service that the Company may offer; (b) to underwrite an application for any such product or service; (c) to administer and/or determine claims, coverage, benefits, and other features of such products or services; (d) to obtain reinsurance; (e) for any other purpose in connection with provision or enhancement of products or services which the Company may provide; (f) in connection with matching any Personal Data with other information in the Company's possession that relates to me; (g) to ensure compliance by the Company of its contractual, legal and regulatory obligations; (h) in connection with legitimate business interest of the Company, including but not limited to market analysis, management reporting, and risk management purposes. Where the Entity provides the Company with Personal Data of any other individual, the Entity consent that the Entity has obtained the consent(s) from the individual(s) concerned to provide the same to the Company. The Entity shall procure all relevant consents from the individual(s) concerned in respect of the persons to whom his/her Personal Data may be shared and the purposes for which his/her Personal Data may be collected, used, stored, transferred or disclosed, as stated above. The Entity acknowledges and agree that the Company's rights in relation to my Personal Data as set out above shall continue notwithstanding any termination or cessation of any product or service by the Company. The Entity recognizes that Personal Data may be transferred out of the jurisdiction from where it was supplied, and that the standard of confidentiality and data protection in different jurisdictions may differ. The Entity hereby waive any rights the Entity may have that would prevent the Company from meeting any of the Company's legal or regulatory requirement. The Company's privacy statement is accessible at <https://www.sunlife.com.sg>.

SECTION E REPRESENTATIONS AND SIGNATURES (continued)

Signature(s) of Authorised Officer(s)	
Name(s) of Authorised Officer(s)	
ID / Passport Number of Authorised Officer(s)	Date (dd-mmm-yyyy)

Sun Life Assurance Company of Canada Singapore Branch
50 Raffles Place, #26-04, Singapore Land Tower
Singapore 048623

Tel: +65 6223 1102 | Website: www.sunlife.com.sg

Sun Life Assurance Company of Canada is an insurance company federally incorporated in Canada, with OSFI Institution Code F380 and its registered office at 1 York Street, Toronto, Ontario, Canada M5J 0B6. It is regulated by Office of the Superintendent of Financial Institutions, Canada. Sun Life Assurance Company of Canada Singapore Branch (UEN T19FC0132B) is registered with the Accounting and Corporate Regulatory Authority of Singapore as a foreign company, with its registered office at 50 Raffles Place, #26-04, Singapore Land Tower, Singapore 048623. It is licensed and regulated by the Monetary Authority of Singapore. Where Sun Life Assurance Company of Canada Singapore Branch is referred to as "Sun Life Singapore," this is strictly for marketing and branding purposes only, and no legal significance is expressed or implied. Sun Life Assurance Company of Canada is a member of the Sun Life group of companies. The Sun Life group of companies operates under the "Sun Life" name. Sun Life Financial Inc., the publicly traded holding company for the Sun Life group of companies, is not a product offering company and is not the guarantor of the obligations of its subsidiaries.

©2025 Sun Life Assurance Company of Canada. All rights reserved.

The name Sun Life and the globe symbol are registered trademarks of Sun Life Assurance Company of Canada.