

DECLARATION OF TRUSTEE

Sun Life Assurance Company of Canada Singapore Branch ("Sun Life Singapore")

IMPORTANT NOTES

- This form should be completed by the Trustees of the Trust.
- In addition to completing this form, the following certified true copy (CTC) items must be provided:
 - Trust Deed – page showing the Trust name and the jurisdiction where it was formed, signature page, pages listing the trustee(s), settlor(s), beneficiaries, protector(s) [if applicable], the purpose of the trust
 - The relevant Trustee resolutions approving the purchase and holding of the life insurance policy
 - 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 Trustee is the Policy Owner or Beneficiary of the Policy,
 - Government issued identification and proof of residential address for the authorised signatories, trustees, settlor, protector (if available) 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 TRUST INFORMATION

Full/Registered name of the Trustee

Country where the Trustee was incorporated (if a corporate Trustee)

Name of Trust

Date of Trust Deed (dd-mmm-yyyy)

Country where the Trust was formed

Type of Trust

Revocable Irrevocable Others (please specify) _____

Purpose of Trust

Wealth Transfer Asset Protection Asset Diversification Others (please specify) _____

Trust role for the policy (tick all that apply)

Policy Owner Beneficiary Third Party Payor Underlying Beneficial Owner of a Private Investment Company
 Director or Nominee Shareholder

SECTION C TRUSTEE INFORMATION

Individual Trustees:

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

First Individual Trustee

<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	Country 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

SECTION C TRUSTEE INFORMATION (continued)

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

Second Individual Trustee

<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):
Residential Address	
City	State / Province
Postal Code	Country
Name of Business/Employer	Country of Business/Employer

SECTION C TRUSTEE INFORMATION (continued)

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

Institutional Trustees:

Name of Institutional Trustee
Is the Institutional Trustee associated with a Bank or a Fiduciary Company?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," please provide the Bank or Fiduciary Company it is affiliated with and complete Section D.
If "No," then Institutional Trustee should complete a separate Declaration of Corporation form and provide Corporate documentation.

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.

SECTION D BENEFICIAL OWNERS**Individual Beneficial Owners:**

Please provide the information requested below for Trust Settlor, Donor or Grantor and all individuals that own or control 25% or more of the Trust.

- 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	Country 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 %		

SECTION D BENEFICIAL OWNERS (continued)

Relationship to the Trust <input type="checkbox"/> Settlor <input type="checkbox"/> Donor <input type="checkbox"/> Grantor	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please provide details	
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? <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	
Residential Address	
City	State / Province
Postal Code	Country

SECTION D BENEFICIAL OWNERS (continued)

Name of Business/Employer		Country 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 <div style="text-align: center;">%</div>			
Relationship to the Trust <input type="checkbox"/> Settlor <input type="checkbox"/> Donor <input type="checkbox"/> Grantor			
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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please provide details			
Name of PEP			
Designation of PEP			
Country of PEP			
Period Held (yyyy)			
Start Year		End Year	

SECTION E BENEFICIARIES OF THE TRUST

Individual Beneficiaries

Name	ID/PP no.	Nationality	Date of Birth (dd-mmm-yyyy)	Residential Address	Relationship to Insured	Percentage
						%
						%
						%
						%

SECTION F CERTIFICATIONS, REPRESENTATIONS AND SIGNATURES

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

- a. Where the Trustee named in Section B is the Policy Owner:
 - i. The Company shall accept instructions from the Trustee pursuant to the Trustee's authorised signatory list, without needing to verify further or make any other inquiry. The Trustee shall update the Company immediately if there is any change to the Trustee's signing authority, and until the Company receives any revised signing authority from the Trustee, the Company is entitled to rely on the signing authority it has last received from the Trustee;
 - ii. The Trustee confirms that: (a) 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; (b) there is no objection from the Settlor, Beneficial Owner, Grantor, Protector and Beneficiaries (each a "Related Party"), as relevant, in relation to the Trust, regarding the Trustee's holding of the Policy; and (c) that its holding of the Policy complies with the requirements of Section 146 of Singapore Insurance Act 1966 and that evidence of such compliance shall be provided to the Company upon reasonable request.
 - iii. The Trustee agrees that the Company shall not be responsible for the application or disposition of the proceeds of the Policy paid to the Trustee 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.
 - iv. The Trustee(s) may exercise any and all ownership rights, subject to the provisions of the Policy, including but not limited to change of Beneficiary, surrender of the Policy for its cash value, and obtaining loans on the Policy without the consent of the Insured(s), the Settlor(s) or any other person, subject to relevant laws and regulations.
- b. The Trustee 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, and is currently still the Trustee of the Trust. The Trust was properly and validly constituted. The Trustee(s) have established and verified the identities of each Related Party, as relevant, in relation to the Trust, and appropriate documentary evidence to support the identification of these persons are available and shall be provided to the Company upon reasonable request.
- c. The Trustee 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 Trustee confirms that it has submitted all applicable document(s) pertaining to itself, and the Trust, that all the information provided on this form are true, correct and complete, and all documents are valid and the latest applicable versions. The Trustee 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 Trustee shall submit further information and/or documents upon reasonable request by the Company. The Trustee 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 (including making assessments and evaluations for the provision or continuation of provision of its products and services), and effect due diligence checks on the Trustee and/or its directors, employees and personnel, that the Company is required to do under laws and regulations.
- e. The Trustee 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.
- f. The Trustee 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 Trustee 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 Trustee provides the Company with Personal Data of any

SECTION F CERTIFICATIONS, REPRESENTATIONS AND SIGNATURES (continued)

other individual, the Trustee consent that the Trustee has obtained the consent(s) from the individual(s) concerned to provide the same to the Company. The Trustee 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 Trustee acknowledges and agrees 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 Trustee recognises 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 Trustee hereby waive any rights the Trustee 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>.

Signature(s) of Authorised personnel of Trustee(s)	
Name(s) of Authorised personnel of Trustee(s)	
ID / Passport Number of Authorised personnel of Trustee(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

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