

4 IRA, 403(b) or Qualified Plan Transfer and Direct Rollover

Existing contract issued by: Company _____
 Address _____
 City / State / Zip _____
 Attn. _____ Phone (____) _____

Existing contract/policy number: _____

Existing contract owner(s): _____

Annuitant(s): _____

AUTHORIZATION TO TRANSFER/DIRECT ROLLOVER

I intend that this transfer be accomplished as trustee-to-trustee in a nontaxable manner in accordance with IRS rulings and not constitute actual or constructive receipt by me for federal income tax purposes. I hereby request and direct the transfer of the net proceeds of the account listed above. The type of transfer is as follows:

Please check one in each section.

<i>From</i>		<i>To</i>	
<input type="checkbox"/> IRA	<input type="checkbox"/> 401(a)	<input type="checkbox"/> IRA	<input type="checkbox"/> 401(a)
<input type="checkbox"/> IRA Rollover	<input type="checkbox"/> 401(k)	<input type="checkbox"/> IRA Rollover	<input type="checkbox"/> 401(k)
<input type="checkbox"/> SEP IRA	<input type="checkbox"/> Self-employed (Keogh) (HR10)	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> Self-employed
	<input type="checkbox"/> 403(b)		<input type="checkbox"/> 403(b)

The amount requested and directed for payment represents a

Section A – Transfer

- Partial Transfer
\$ _____
- Full Transfer

Section B – Apply Proceeds To

- A new contract
- An existing contract
Contract Number _____

Section C – Contract (for full surrender only)

- I have enclosed the contract
- I certify that the contract has been lost or destroyed

Please provide Sun Life Assurance Company of Canada (U.S.) ("Sun Life of Canada (U.S.)") with any records or documents they may request with respect to this transfer. I acknowledge that Sun Life of Canada (U.S.) assumes no responsibility or liability for any tax treatment on this transfer under the Internal Revenue Code or otherwise.

A signature guarantee is required for mutual fund liquidations.

 Signature of Owner/Participant Date

ACCEPTANCE (Sun Life of Canada (U.S.) use only)

Sun Life Assurance Company of Canada (U.S.) will accept the proceeds transferred and credit them to an annuity as described above. Please do not withhold any taxes from the amount being transferred.

 Processor Date

 Authorized Acceptance Signature from Sun Life of Canada (U.S.) Title

CHECK INFORMATION Please make check payable to **Sun Life of Canada (U.S.)**.

Amount of **minimum** investment must be \$ _____, not to exceed \$ _____. If these requirements are not being met, please contact Sun Life of Canada (U.S.) at 1-800-752-7216.

FBO _____
 Our Contract # _____

Please attach the check identifying it as a trustee-to-trustee transfer to one copy of this form. Mail the check and form to:

First Class Mail Address **or** *Overnight Mail Address*
 Sun Life of Canada (U.S.)
 P.O. Box 9133
 Wellesley Hills, MA 02481
 Sun Life of Canada (U.S.)/Retirement Products & Services
 112 Worcester Street
 Wellesley Hills, MA 02481

