

Trust as Beneficiary Certification Statement for 403(b) Plans



Please return the completed form by mail or fax to:

Sun Life Financial
P.O. Box 9133
Wellesley Hills, MA 02481
Fax: (781) 304-5383

Forms may be downloaded from the Sun Life Financial¹ web site at www.sunlife-usa.com.

Please PRINT clearly.

Account Registration or Deceased 403(b) Plan Participant's Name
Account Number or Deceased 403(b) Plan Participant's Account Number

The Internal Revenue Code (IRC) has specific provisions affecting trusts as beneficiaries of 403(b) plans.² These provisions are governed by IRC Section 401 Regulations. Trusts that satisfy the IRC requirements are referred to as qualifying trusts, and these trusts are entitled to the same beneficiary distribution options as beneficiaries who are individuals. Trusts that do not satisfy the IRC requirements are referred to as nonqualifying trusts. Nonqualifying trusts are restricted to either a five-year distribution period or a distribution period based on the remaining single life expectancy of the deceased 403(b) plan participant ("the Participant") in the year in which he or she died. The distribution period also depends on whether the deceased died before his/her Required Beginning Date or on/after such date.³

Pursuant to IRC Reg. Sec. 1.401(a)(9)-4, A-5(b), the following four requirements must be satisfied for a trust to qualify:

- The trust is a valid trust under state law, or would be but for the fact that there is no trust corpus.
- The trust is irrevocable or will, by its terms, become irrevocable upon the death of the Participant.
- The beneficiaries of the trust who are beneficiaries with respect to the trust's interest in the 403(b) plan are identifiable from the trust instrument.
- Trust and/or beneficiary documentation described in IRC Reg. Sec. 1.401(a)(9)-4, A-6 has been provided to the plan administrator.

Please attach a final list of all beneficiaries of the trust (including contingent and remaindermen beneficiaries with a description of their entitlement) as of September 30th of the year after the year of the Participant's death.

The deadline for providing trust and/or beneficiary documentation is October 31st of the calendar year after the year of the Participant's death. There is an exception for lifetime distributions when the spouse is the sole beneficiary of the trust and he or she is more than ten years younger than the Participant. In this case, the beneficiary documentation must be provided prior to the commencement of RMD payments.

¹Sun Life Assurance Company of Canada (U.S.) issues Regatta, Futurity, and All-Star annuity contracts in all states except New York. New York contracts are issued by Sun Life Insurance and Annuity Company of New York. Both companies are members of the Sun Life Financial group of companies.

²Sun Life Financial's Minimum Distribution Program is designed for non-ERISA tax sheltered annuities (403(b) plans) only.

³Required Beginning Date: April 1st of the calendar year following the later of the calendar year in which the Participant attains age 70^{1/2}, or the calendar year in which the Participant retires.

Certification Statement

We recommend that you consult a tax and/or legal adviser prior to executing this Certification Statement.

I/we

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Trustee(s) of

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hereby acknowledge and certify that I am/we are the duly appointed trustee(s) of this trust and are authorized to execute this certification. I/we having had the opportunity to obtain independent legal advice, have reviewed the trust instrument and hereby certify that:

Please check all that apply.

- This trust satisfies the requirements of IRC Reg. Sec. 1.401(a)(9)-4, A-5(b). It is a qualifying trust.
- The attached list of beneficiary(ies) is correct and complete. I/we agree to provide corrected certifications, if the trust instrument is amended at any time in the future, and the amendment changes any information certified previously. I/we agree to provide a copy of the trust instrument upon demand.
- This trust document does not satisfy the requirements of IRC Reg. Sec. 1.401(a)(9)-4, A-5(b), and it is not a qualifying trust.

Trustee

Name (Last, First, Middle Initial)		Date (m/d/y)
Signature X		
Address (Number and Street)		
City	State	Zip Code
Daytime Telephone Number		

Co-Trustee (if applicable)

Name (Last, First, Middle Initial)		Date (m/d/y)
Signature X		
Address (Number and Street)		
City	State	Zip Code
Daytime Telephone Number		