

Beneficiary Designation Form



Please return the completed form by mail or fax to:

Sun Life Financial
Payout Services Department
P.O. Box 9133
Wellesley Hills, MA 02481

Tel: (877) 281-3028
Fax: (781) 304-5313
payout.services@sunlife.com

1 Contract Information

Please PRINT clearly.

Sun Life Assurance Company of Canada (U.S.) ¹ Contract Number	
Annuitant Name (Last, First, Middle Initial)	Social Security Number

Subject to the rights of present assignees of record, if any, and in accordance with the terms of the policy indicated above, I elect to make the following beneficiary designations below.

2 Beneficiary Instructions

Please PRINT clearly.

Unless otherwise indicated, all named beneficiaries will be considered primary beneficiaries and any death benefit will be allocated proportionally. All percentages must be whole numbers and total 100%

Please check this box and attach an additional form for additional beneficiaries.

NOTE: Sun Life financial does not allow for "Per Stirpes" beneficiary designations.

Name (Last, First, Middle Initial)			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
Percentage %	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship	Social Security Number
Address (Number and Street)			Date of Birth (m/d/y)
City	State	Zip Code	
Name (Last, First, Middle Initial)			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
Percentage %	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship	Social Security Number
Address (Number and Street)			Date of Birth (m/d/y)
City	State	Zip Code	

3 Signature

If no primary or contingent beneficiaries survives me, any death benefits which may become payable are to be paid to my Estate.

The above designation(s) revokes any and all previous beneficiary designations under this Contract.

Contract Owner's Signature	Date (m/d/y)
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