

# Step-up your Retirement Asset Protector Rider



Please return the completed form by mail or fax to:

For standard mail delivery:  
 Sun Life Financial  
 P.O. Box 9133  
 Wellesley Hills, MA 02481  
 Phone: (800) 752-7215  
 Fax: (781) 304-5383

For overnight mail delivery:  
 Sun Life Financial  
 112 Worcester Street  
 Wellesley Hills, MA 02481

Completing this form in its entirety and returning to Sun Life Assurance Company of Canada (U.S.), a member of the Sun Life Financial group of companies, will allow us to expedite your request.

## 1 Contract/Certificate Information

Please Print clearly.

Sun Life Financial <sup>1</sup> Contract/Certificate Number		
Participant/Owner Name (Last, First, Middle Initial)	Social Security Number 	
Co-Participant/Co-Owner Name (if applicable)	Social Security Number 	
Address (Number and Street)		
City	State	Zip Code
Participant/Owner Phone Number (area code first)	Best time to call	<input type="checkbox"/> AM <input type="checkbox"/> PM

## 2 Step-up Election

Your Retirement Asset Protector rider offers an additional feature which allows you to increase your benefit amount to equal your current account value (step-up) if eligible.

You may elect to step-up any time after your first anniversary or one year from your last step-up if your account value is greater than your benefit amount at the time of step-up.

Each election to step-up may be made by completing a step-up form and returning it to us.

Any step-up may cause your rider fee to be higher than your current fee. Please contact Sun Life or your investment professional for the current fee.

- I elect to Step-Up my Retirement Asset Protector Benefit Base amount.
- My account value will be compared to my benefit amount only on the day this form is received and in good order by Sun Life Financial. If my account value is greater than my benefit amount on this day then my benefit amount will be stepped up to equal my account value.

**Please refer to the step-up provisions described in your contract/certificate or contact your investment professional for additional step-up information.**

## 3 Authorization

All Participant(s)/Owner(s), or authorized signer(s) MUST sign in this section before we can comply with any request.

Please Print Participant/Owner Name	Date (mm/dd/yyyy)
Participant/Owner Signature	Date (mm/dd/yyyy)

<sup>1</sup> Sun Life Assurance Company of Canada (U.S.) issues contracts in all states except New York. New York contracts are issued by Sun Life Assurance Company of New York. Both companies are members of the Sun Life Financial group of companies.