

Living Benefit Cancellation Form



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 Information

Please Print clearly.

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

2 Request to Cancel Living Benefit Rider

I, the Participant/Owner, hereby cancel my Living Benefit Rider. I understand and agree:

1. A Living Benefit cannot be selected again at a later date.
2. I am no longer bound by the terms and conditions of the Living Benefit contained in the Rider.
3. If my Rider is less than seven years old then the fees associated with the Rider may continue to be deducted for seven years from the Rider Effective Date.*
4. I may not be eligible for a refund of the Living Benefit Rider charges that had been assessed while the Rider was in effect.*

*Check your prospectus for details.

3 Signature

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

Signature Participant/Owner	Date (mm/dd/yyyy)
Co-Participant/Owner Signature (if applicable)	Date (mm/dd/yyyy)

¹ 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.