

Income ON Demand

Income Benefit Base Increase 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 Assurance Company of Canada (U.S.) ¹ Contract 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
Owner Phone Number (area code first)	Best time to call <input type="checkbox"/> AM <input type="checkbox"/> PM	

2 Election to exercise the Income Benefit Base Increase

This form may be used to exercise your one-time Income Benefit Base increase.

PLEASE NOTE: This option is NOT available if you purchased a Secured Returns Rider.

Increasing your Income Benefit base can only be done ONE time during the life of your contract. Once you make this election, it cannot be revoked. You may exercise this option only if both of the following apply:

- You are age 55 or older
- The increase is done prior to the later of the 10th Contract Anniversary OR age 65.

By electing this option, you are moving funds from your Stored Income Balance to your Income Benefit Base in order to increase future Annual Income Amounts. Once the funds are moved:

- Your Stored Income Balance will be decreased by the dollar amount moved to the Income Benefit Base.
- The Income Benefit Base will be increased by the dollar amount moved from the Lifetime Balance.
- Sun Life Financial will calculate a new Annual Income Amount that will be equal to 5% of your new Income Benefit Base. This calculation will take place on the contract anniversary FOLLOWING the date you elect to exercise your one-time Income Benefit Base increase.

Move my entire Stored Income Balance to the Income Benefit Base.

- The new Annual Income Amount will be calculated on the contract anniversary FOLLOWING the date that the Income Benefit Base is increased.

Move a specific dollar amount from my Stored Income Benefit Base. Please specify the dollar amount to be moved:

Dollar Amount
 \$ _____, _____, _____, _____

Please select ONE of the following:

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.

2 Election to exercise the Income Benefit Base Increase (continued)

I understand that my request to move all or a portion of my Stored Income Balance will occur on the date that this form is received and in good order by Sun Life Financial.

Restrictions may apply. Please refer to your contract or contact your investment professional for your specific Use-Option eligibility requirements.

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)

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