

# Systematic Withdrawal Request For SunDex Advantage



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. This form can not be used to establish Substantial Equal Periodic Payments (SEPP) under IRC section 72(t) or 72(q). If the contract owner is under age 59-1/2 and wants to establish a SEPP program, a separate SEPP Enrollment form is required. This form can be found on our web-site [www.sunlife-usa.com](http://www.sunlife-usa.com).

## 1 Contract Information

Please Print clearly.

Please check here if your address has changed. See Authorization and Signature Guarantee section for requirements.

Sun Life Assurance Company of Canada (U.S) Contract Number		
Owner Name (Last, First, Middle Initial)	Social Security Number 	
Joint 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 Activate the Lifetime Benefit

**NOTE:** If you do not want to activate your Lifetime Benefit prior to beginning your systematic withdrawals, please skip this section and proceed to Section 3 – Option B and complete the rest of this form.

If you have previously elected to activate the Lifetime Benefit, your prior election will supersede any Lifetime Benefit election on this form. Please refer to your contract/certificate to review the specific eligibility requirements for activating the Lifetime Benefit.

### Eligibility Requirements:

- The Covered Person must be age 60 or older.
- The contract value must be \$12,500 or above.

By activating the Lifetime Benefit feature, I understand and agree that:

- The Index Participation Rate may decrease. Please call our Customer Service Department to obtain the new participation rate.
- The Lifetime Benefit Income Amount is calculated based upon the Covered Person chosen below.
- The election to activate the Lifetime Benefit is irrevocable.

Activate Lifetime Benefit

### Covered Person Information:

Once the Lifetime Benefit is activated, the Covered Person may not be changed.

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Owner     | Date of Birth: ____ / ____ / ____ |
| <input type="checkbox"/> Co-Owner  | Date of Birth: ____ / ____ / ____ |
| <input type="checkbox"/> Annuitant | Date of Birth: ____ / ____ / ____ |

Please select one ONLY.

**Option A. Systematic Withdrawal Instructions with Lifetime Benefit Activated**

Complete this section if you have previously activated your Lifetime Benefit. If you would like to activate your lifetime Benefit prior to taking a systematic withdrawal, please complete section 2 of this form.

Taking a withdrawal may reduce the amount of potential index credits and a withdrawal that exceeds the free amount may be subject to a surrender charge. Any applicable surrender charges will impact your final check amount. Please refer to your contract/certificate for more detailed information regarding the impact of withdrawals from your annuity.

**Payment Frequency and Start Date:**

- All systematic withdrawals will be processed on the 25th of the month or the following business day if the 25th falls on a weekend or holiday.
- If no frequency is selected, your payments will be sent monthly.

Monthly     Quarterly     Semi-Annually     Annually

If you selected a monthly or annual payment frequency, please indicate the month to start your payments below. If no month is indicated below, your payments will begin one payment period from the date this paperwork is received in good order.

Enter Month to Start Your Payments:
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Quarterly payments will be sent in March, June, September and December, and semi-annual payments will be sent in June and December.

**Systematic Withdrawal Options:**

- Withdraw the Annual Lifetime Income amount and distribute based upon frequency selected above.
- Withdraw the cumulative Annual Lifetime Income amount and distribute based upon frequency selected above. If this option is selected, your payment amount will be adjusted on your contract anniversary and your payment amount may be reduced.
- Please enter the specific dollar amount for each payment: \$ \_\_\_\_\_. This dollar amount will be distributed to you according to the frequency selected above. Withdrawals that exceed the Lifetime Withdrawal Balance will affect your Lifetime Income amount and may be subject to surrender charges.

**NOTE:** If the Lifetime Income amount changes for any reason, you need to either submit a new Systematic Withdrawal Form OR call our Customer Service Department at (800) 752-7215 to adjust the amount of your systematic withdrawal. Forms are available on our web-site [www.sunlife-usa.com](http://www.sunlife-usa.com).

**Option B. Systematic Withdrawal Instructions with Non-Active Lifetime Benefit**

Complete this section if you would like to take a systematic withdrawal without activating your Lifetime Benefit. Any withdrawal may be subject to a surrender charge which will impact your final check amount.

Taking a withdrawal may reduce the amount of potential index credits and a withdrawal that exceeds the free amount may be subject to a surrender charge. Any applicable surrender charges will impact your final check amount. Please refer to your contract/certificate for more detailed information regarding the impact of withdrawals from your annuity.

### 3 Systematic Withdrawal Instructions (Continued)

#### Payment Frequency and Start Date:

- All systematic withdrawals will be processed on the 25th of the month or the following business day if the 25th falls on a weekend or holiday.
- If no frequency is selected, your payments will be sent monthly.

Monthly     Quarterly     Semi-Annually     Annually

If you selected a monthly or annual payment frequency, please indicate the month to start your payments below. If no month is indicated below, your payments will begin one payment period from the date this paperwork is received in good order.

Enter Month to Start Your Payments:

Quarterly payments will be sent in March, June, September and December, and semi-annual payments will be sent in June and December.

#### Systematic Withdrawal Options:

- Please enter the specific dollar amount for each payment: \$ \_\_\_\_\_. This dollar amount will be distributed to you according to the frequency selected above. Minimum payment amount is \$200.

### 4 Tax Information

The Internal Revenue Service may consider an annuity withdrawal as a taxable event. Federal and/or state taxes may apply. Please consult a tax advisor prior to making any withdrawals from your annuity.

#### Federal Income Tax Withholding Election.

You are liable for the payment of Federal income taxes on the taxable portion of your withdrawal. Sun Life Financial is required to withhold 10% for Federal income taxes unless you elect below either (1) no withholding or (2) a withholding amount other than 10%. Your election will also apply to future withdrawals unless you change it and you may do so at any time by notifying Sun Life Financial in writing.

Please note that if you elect no withholding, or if you do not have enough tax withheld from your distribution, you may have to pay estimated taxes. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

Please select ONE only.

- Yes. I want Federal income taxes withheld from my withdrawal.  
Withhold \$ \_\_\_\_\_ or \_\_\_\_\_% (please choose a percentage between 10% and 50%).
- No. I do not want Federal income taxes withheld from my withdrawal.

Please select ONE only.

Unless otherwise instructed below, the proceeds will be sent to the Contract Owner’s address of record via First Class mail.

- Forward the proceeds to the following address. If this option is selected, an original signature guarantee is required in the Authorization and Signature Guarantee section of this form.

Alternate Payee (if applicable)		
Address (Number and Street)		
City	State	Zip code

- Direct Deposit

- If the proceeds are going to a checking account, please provide a voided check.
- If the proceeds are going to a savings account, please provide a letter from your bank on their letterhead with the bank account number and routing number.

**Note:** If you do not include a voided check or a letter from your bank along with this request, the check will be sent to the Contract Owner/Participant’s address of record.

Bank Name	Telephone Number	
Address (Number and Street)		
City	State	Zip code
Bank Account Number	Nine Digit Routing Number	
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

By my signature on this form, I authorize and direct the bank designated above to debit my bank account to refund any overpayments credited to my account during or after my lifetime to Sun Life Financial at its sole request.

**Please proceed to section 6: Authorization and Signature Guarantees**

