

# Systematic Withdrawal Request

## SunDex ProVantage



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		
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 Systematic Withdrawal Instructions

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.

Please select one ONLY.

- 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:

- 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.

### 3 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.

### 4 Mailing Instructions

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

Please select ONE only.

- 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 5: Authorization and Signature Guarantees**

**5 Authorization and Signature Guarantees - THIS SECTION MUST BE COMPLETED**

All Participants/Owners and/or authorized signers **MUST** sign in this section before we can comply with any withdrawal request.

If any of the following apply, a signature guarantee is required for each signature on this form. Please note that if a signature guarantee is required, we will not accept a fax copy.

- The address on file for the Participant/Owner has changed within 30 days of Sun Life's receipt of this request.
- You request that Sun Life make the check payable to a party other than the Participant/Owner.
- You request that Sun Life mail the check to an address other than the Participant/Owner's address of record.

Your signature(s) must be guaranteed by a bank that is a member of the FDIC, a member firm of the New York, American, Boston, Midwest, Philadelphia, or Pacific Stock Exchange, or a member of the Securities Transfer Agents Medallion Program (STAMP). Notary stamps will not be accepted.

**Note:** If you are signing as a fiduciary (guardian/conservator/trustee/attorney-in-fact, etc.) for the Owner, you must sign this form in your fiduciary capacity and not in your individual capacity.

**BOTH THE PARTICIPANT/OWNER(S) AND CO-PARTICIPANT/CO-OWNER(S) MUST SIGN THIS FORM BELOW.**

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)

Place Original Signature Guarantee Stamp Here

Place Original Signature Guarantee Stamp Here