

# SUN LIFE FINANCIAL ANNUITIES

ISSUED BY SUN LIFE ASSURANCE COMPANY OF CANADA (U.S.)

## TRANSFER/1035 EXCHANGE FORM





**MAIL DOCUMENTS TO:**

**Mailing Address:**

Sun Life Financial  
Annuity Service Center  
P.O. Box 9133  
Wellesley Hills, MA 02481

**Overnight Address Only:**

Sun Life Financial  
Annuity Service Center  
112 Worcester Street  
Wellesley Hills, MA 02481

**REMEMBER TO:**

Keep a copy of all documents for your file.

**QUESTIONS?**



Please call Sun Life Financial at 1-866-637-5348, Option 2, or visit [www.sunlife.com](http://www.sunlife.com).

**PENNSYLVANIA AND NEW JERSEY RESIDENTS:**

You may receive materials that refer to a fixed index annuity or an equity indexed annuity. These terms are interchangeable.

# Transfer/1035 Exchange Form



## 1 Registration Information

Owner(s) and Annuitant(s) must be exactly the same as the Owner(s) and Annuitant(s) on the existing contract with the Surrendering Company.

Please attach a copy of your latest statement.

Owner	Social Security Number
Co-Owner (if applicable)	Social Security Number
Annuitant	Social Security Number
Co-Annuitant (if applicable)	Social Security Number

## 2 Surrendering Company Information and Transfer/Exchange Instructions

Contact the Surrendering Company to determine if specific forms are required to initiate the transfer/exchange.

Company Name		
Overnight Address (street address required)		
City	State	Zip
Account Number	Phone Number	

If no selection is made, transfer will be initiated immediately.

Initiate transfer/exchange:  Immediately upon receipt OR  After \_\_\_\_\_ (Date)

Apply Proceeds To:  A new Contract/Certificate OR  An existing Contract/Certificate No. \_\_\_\_\_

## 3 Source of Transfer/Exchange

Type of Transfer/Exchange  Full Transfer/Exchange \$ \_\_\_\_\_ (Estimated Amount)  
 I have enclosed the contract. OR  I certify that the contract has been lost or destroyed.  
 Partial Transfer/Exchange \$ \_\_\_\_\_ (Exact Amount)

Plan Type

<b>From:</b>	<b>To:</b>
<input type="checkbox"/> Non-Qualified	<input type="checkbox"/> Non-Qualified
<input type="checkbox"/> IRA	<input type="checkbox"/> IRA
<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Roth IRA
<input type="checkbox"/> SEP IRA	<input type="checkbox"/> SEP IRA
<input type="checkbox"/> 401(k)	<input type="checkbox"/> 401(k)
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____ (403(b) not allowed)

For 403(b) Plans  403(b) to IRA

## 4 Surrendered Account Type

\*Additional state-specific replacement form or NAIC Model Regulation (Form A) replacement form may be required.

Variable Annuity\*  Fixed Annuity\*  Fixed Index Annuity\*  Life Insurance\*  
 Brokerage Account/Mutual Funds/Certificate of Deposit (CD)—I authorize the Surrendering Company listed above to **liquidate** my account and send the proceeds to Sun Life Financial.

**5 Acceptance by Contract Owner/Participant**

**For Transfers:**

I intend that this transfer be accomplished as a trustee-to-trustee transfer in a nontaxable manner in accordance with IRS rulings and not constitute actual or constructive receipt by me for federal income tax purposes. I hereby request and direct the transfer of the net proceeds of the account listed on the previous page.

I understand that I am purchasing this annuity in an IRA or other tax-qualified plan as identified in Section 3 of this form. Since IRAs and other tax-qualified plans are already afforded tax-deferred status, there is no additional tax deferral benefit in this annuity. I am purchasing this annuity because I value other features, such as lifetime income payments, principal protection, or death benefit protection, and I am willing to pay any additional cost associated with such features.

I understand that the proposed transfer may have important tax consequences and/or surrender or withdrawal penalties. I acknowledge that Sun Life Assurance Company of Canada (U.S.) ("the Company") assumes no responsibility or liability for any tax treatment on this transfer under the Internal Revenue Code or otherwise.

**403(b) Transfers Only:** I acknowledge and agree that I have sole responsibility (1) for compliance with the Internal Revenue Service's Section 403(b) Regulations and my employer's or former employer's 403(b) plan, if applicable, and (2) in determining and notifying the Company as to whether the requested distribution is an eligible rollover distribution.

**For 1035 Exchange:**

I hereby assign and transfer the specified portion of my right, title, and interest in the above Contract ("the Contract") to the Company. I irrevocably waive all rights, claims, and demands under the Contract. The purpose of this transfer is to effect a direct nontaxable exchange of contracts pursuant to Section 1035 of the Internal Revenue Code. I understand and agree that the cost basis in the contract issued by the Company shall be determined based upon the cost basis information provided by the above-referenced company ("Surrendering Company"). I further understand and agree that the Company assumes no responsibility in obtaining or verifying the cost basis of the new contract issued by it. I acknowledge and agree that if the Company does not receive cost basis information acceptable to it, the cost basis of the contract issued by the Company will be zero.

I hereby declare that the Contract is not subject to any assignment, pledge, collateral assignment, or other lien and that no proceedings in bankruptcy or insolvency, voluntary or involuntary, have been instituted by or against me and that I am not under guardianship or any legal disability.

I understand and agree that the Company will request that the Surrendering Company totally or partially surrender the original Contract and that the Company assumes no responsibility for any delay by the Surrendering Company in paying the surrender proceeds or for any changes in the amount. I understand that the proposed transfer may have important tax consequences and/or surrender or withdrawal penalties, and I represent and agree that the Company is furnishing this form and participating in this transaction at my request. I understand and agree that the Company makes no representations concerning my tax treatment under Internal Revenue Code Section 1035 or otherwise and that the Company has no responsibility or liability for the validity of this assignment.

**Initial Rates**

**I understand and agree for:**

- **Fixed Annuity Contracts**—The initial interest rate will be the greater of 1) the rate in effect on the date funds are received; and 2) the rate in effect on the date the application and transfer paperwork are signed, provided that they are received **in good order** at Sun Life Financial within 7 calendar days, and the funds are received within 60 days.
- **SunDex ProVantage Contracts**—The initial Index Growth Breakpoint will be the greater of 1) the rate in effect on the date funds are received; and 2) the rate in effect on the date the application and transfer paperwork are received **in good order**, provided funds are received within 60 days.
- **Variable Annuity Contracts**—If the irrevocable 60-day rate lock is selected below, the initial interest rate will be the rate in effect on the date the application and transfer paperwork are received **in good order**, provided funds are received within 60 days. Otherwise, the initial interest rate will be the rate in effect on the date funds are received.

Check to receive an irrevocable 60-day rate lock (Variable Annuities).

Signature (Contract Owner) X	Date	Signature Guarantee (If required by Surrendering Company)
Signature (Co-Owner) X	Date	