

Request for Transfer Out of Assets or Rollovers for Qualified Accounts



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

This form cannot be used for 403(b) accounts.

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.

If you elected a living benefit rider under your contract, withdrawals can severely affect your rider benefits. You should carefully read your prospectus before withdrawing money. You may also call us at 1-800-752-7215.

1 Contract/Certificate Information

Please PRINT clearly.

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

2 Transfer/Rollover Instructions

Please PRINT clearly.

Any transfer may be subject to a surrender charge and/or a positive or negative Market Value Adjustment (MVA). Any applicable MVA and/or surrender charges will impact your final check amount. Please refer to your contract/certificate for more detailed information regarding the impact of transfers from your annuity.

New Trustee or Issuer Name		
Address (Number and Street)		Telephone Number
City	State	Zip Code
Account Participant/Owner Name		Account Number
Annuitant Name (if different than Participant/Owner)		

Please select ONLY one option

Part A: Please liquidate and transfer the value indicated below

- Full: Liquidate and transfer all of the assets in my account
- Partial: Please enter the dollar amount to be transferred: \$ _____

Contract/Certificate Statement (Complete only if full transfer)

- I have enclosed the Contract/Certificate
- I certify that the Contract/Certificate has been lost or destroyed

2 | Transfer/Rollover Instructions (continued)

Part B: When should the transfer occur?

- Immediate transfer (I am aware of all penalties that may occur)
- Transfer upon maturity (not to exceed 30 days)

Part C: Qualified Transfer

From:

- IRA, SEP
- 401 (k)
- Roth IRA
- Other _____

To:

- IRA, SEP
- 401 (k)
- 403 (b)
- Roth IRA
- HSA

3 | Required Minimum Distribution

If you are age 70-1/2 or older this year you must instruct Sun life Assurance Company of Canada (U.S.), prior to effecting this transfer, to either transfer or rollover required minimum distribution amounts OR send a check for required minimum distribution amounts to your address of record (prior to any transfer taking place).

Part A: RMD Election Option

- Transfer/Rollover my required minimum distribution amount from my IRA
I am aware that the required minimum distribution must be distributed to me by the new carrier on or before December 31.
- Send a check to my address of record for my required minimum distribution amount
If you elect this option please continue to Part B.

Note: If you are changing your plan type from an IRA to any other qualified plan type, you cannot elect to Transfer/Rollover your required minimum distribution amount. If you elect this option we will send you a check for your required minimum distribution amount to your address of record.

Part B. Federal Income Tax Withholding Election

You are liable for the payment of Federal income taxes on your required minimum distribution amount. 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%.

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.

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

Please select ONLY one option

Please select ONLY one option

4 | Acceptance - THIS SECTION MUST BE COMPLETED BY OTHER CARRIER PRIOR TO RECEIPT BY SUN LIFE FINANCIAL

This form must be accompanied by a Corporate Resolution.

Issuing Trustee or Insurance Company

Will accept the proceeds transferred and credit them to an annuity as described in section 2.

Please Print Name	Title
Signature	Date (mm/dd/yyyy)

5 Authorization - THIS SECTION MUST BE COMPLETED

Participant/Owner and/or authorized signer **MUST** sign.

For qualified transfer/rollovers, I, the undersigned Owner/Participant of the above named contract/certificate, request that you directly transfer the amount specified above. Please do not withhold any amount for taxes from the proceeds. It is my intention that this redemption and payment shall not constitute either actual or constructive receipt of income for federal income tax purposes, and would therefore qualify as a transfer/rollover of assets.

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

THE PARTICIPANT/OWNER MUST SIGN THIS FORM BELOW.

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

