

Variable Annuity Fund Transfer Request



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

For Overnight Mail delivery:
Sun Life Financial
112 Worcester Street
Wellesley Hills, MA 02481

Fax: (781) 304-5383
Phone: (800) 752-7215

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/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 	
Co-Participant/Co-Owner Name (if applicable)	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 Fund Transfer Instructions

- You may not make more than 12 transfers in any account year.
- At least 6 calendar days must elapse between transfers to and from sub-accounts.
- At least 30 days must elapse between transfers to and from fixed investment options.
- Market Value Adjustment (MVA) may apply to all transfers among fixed investment options.
- Your transfer request will be effective as of the date the form is received in good order by Sun Life Financial if the form is received prior to 4pm EST.
- If you have an Optional Living Benefit Rider please note that all transfers you make may only be allocated to Designated Funds. If you choose to transfer funds to a fund that is not a Designated Fund under your Optional Living Benefit Rider, the Rider will be cancelled.
- Please refer to your prospectus for more information regarding transfers.

Part A: Reallocation

Reallocate 100% of my account to the following:

Sub-Account/Guarantee Period	Percentage
Sub-Account/Guarantee Period	Percentage
Sub-Account/Guarantee Period	Percentage
Sub-Account/Guarantee Period	Percentage
Sub-Account/Guarantee Period	Percentage

2 Fund Transfer Instructions (Continued)

Sub-Account/Guarantee Period	Percentage
Sub-Account/Guarantee Period	Percentage
Sub-Account/Guarantee Period	Percentage
Sub-Account/Guarantee Period	Percentage
Sub-Account/Guarantee Period	Percentage

* Percentages must be in whole numbers

* Total must equal 100%

- Do you want to update your future allocations to match?**
(If no selection is made your future allocations will remain unchanged)

Part B: Transfer

Transfer FROM

Sub-Account/Guarantee Period	Dollar Amount/Percentage
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Transfer TO

Sub-Account/Guarantee Period	Dollar Amount/Percentage
Sub-Account/Guarantee Period	Dollar Amount/Percentage
Sub-Account/Guarantee Period	Dollar Amount/Percentage

Transfer FROM

Sub-Account/Guarantee Period	Dollar Amount/Percentage
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Transfer TO

Sub-Account/Guarantee Period	Dollar Amount/Percentage
Sub-Account/Guarantee Period	Dollar Amount/Percentage
Sub-Account/Guarantee Period	Dollar Amount/Percentage

Transfer FROM

Sub-Account/Guarantee Period	Dollar Amount/Percentage
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Transfer TO

Sub-Account/Guarantee Period	Dollar Amount/Percentage
Sub-Account/Guarantee Period	Dollar Amount/Percentage
Sub-Account/Guarantee Period	Dollar Amount/Percentage

* Percentages must be whole numbers

- Do you want to update your future allocations at this time?**
(If no selection is made you future allocations will remain unchanged. Please indicate your future allocations on the lines provided below.)

3 Authorization - THIS SECTION MUST BE COMPLETED

All Participants/Owners and/or authorized signers MUST sign.

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

Note: If agent is signing, client authorization may be required to be on file before a transfer request can be honored. Please contact our Service Center at 1-800-752-7215 for more details.

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

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

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

Please Print Agent Name	Date (mm/dd/yy)
Agent Signature	Date (mm/dd/yy)