

Partial Surrender Request for your Required Minimum Distribution



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 can only be used for a one time distribution of your RMD amount.

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
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 Required Minimum Distribution Instructions

If you are age 70-1/2 or older this year you must take a partial surrender to satisfy your minimum distribution as required by the IRS (Internal Revenue Service). You may take a partial surrender to meet all or part of your Required Minimum Distribution. **If no amount is entered, we will liquidate and distribute to you your entire Required Minimum Distribution amount.** This distribution will satisfy your Required Minimum Distribution for this contract for the current calendar year. Please consult a tax advisor for additional information regarding RMD distributions.

Please PRINT clearly.

I request a partial surrender in the amount of \$ _____

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.

State taxes may apply if you choose to withhold federal income tax.

Please select ONE only.

- 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.

4 Mailing Instructions

Unless otherwise instructed below, the proceeds will be sent to the Participant/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 5 of this form.

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

- Wire the proceeds to the following account. If this option is selected, a signature guarantee is required in the Authorization and Signature Guarantee section 5 of this form. There will be a standard \$25 fee for all wire requests.

Institution Name	Account Number
Account Name	Nine Digit Routing Number
Further Credit (if applicable)	

- Overnight Delivery (Next Day Air)

Note: Overnight deliveries must be sent to a street address. If a P.O. Box is indicated, we will send the proceeds via First Class mail. You are responsible for payment of the overnight fee. Please provide us with the information below:

Express Carrier Name
Express Account Number to be Charged

5 Authorization and Signature Guarantees - THIS SECTION MUST BE COMPLETED

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

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 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 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	
Participant/Owner Signature	Date (mm/dd/yyyy)
Place Original Signature Guarantee Stamp Here (if applicable)	