

Affidavit For Conservator of The Estate



Please return the completed form by mail or fax to:

Sun Life Financial
P.O. Box 9133
Wellesley Hills, MA 02481
Fax: (781) 304-5383

Please PRINT clearly.

I, _____, swear under the penalties of perjury that I have
Name of Conservator of Estate
been designated the conservator of the estate of _____ under
Name of Protected Person
the attached true copy of the Letters of Conservatorship and that at the same time I acted under the appointment and requested either to issue a life insurance or annuity contract to be owned by the Protected Person or to take action under a life insurance or annuity contract already owned by the Protected Person, I did not have actual knowledge of the suspension of the appointment or the termination of the appointment either by revocation, by the Protected Person's death, or by any other means.

Signature of Conservator of the Estate X		Date (m/d/y)
Address (Number and Street)		Telephone Number
City	State	Zip Code
Please list all applicable account numbers		

On _____, Year _____, before me personally came _____, who being duly sworn, did depose and say the
Name of Conservator of Estate
affidavit signed above is true.

Attach a copy of Conservatorship Papers.

Signature of Notary Public X	Date (m/d/y)
My commission expires	