

Systematic Withdrawal Request for Variable Annuities



Sun Life Assurance Company of Canada (U.S.) issues annuities in Puerto Rico, the District of Columbia, and all states except New York.

Sun Life Insurance and Annuity Company of New York issues annuities in New York. Each of these companies is responsible for its own financial condition and contractual obligations.

Please return the completed form by mail or fax to:

For standard mail delivery:
Sun Life Annuity Service Center
P.O. Box 9133
Wellesley Hills, MA 02481

Fax: 781-304-5383

For overnight mail delivery:
Sun Life Annuity Service Center
112 Worcester Street
Wellesley Hills, MA 02481

If you have any questions completing this form please call us at 800-752-7215.

Withdrawals can severely affect contracts with living benefits. Please read your prospectus carefully to understand the implications of any withdrawals.

This form cannot be used to establish Substantial Equal Periodic Payments (SEPP) under Internal Revenue Code section 72(t) or 72(q). A SEPP Enrollment form can be found on our website, www.sunlife-usa.com.

1 Contract Information

Please print clearly.

Check here if your address has changed. A signature guarantee will be required for this request.

Contract Number		
Owner	SSN/TIN	
Co-owner (If applicable)	SSN/TIN	
Mailing Address		
Mailing Address		
City	State	Zip Code
Daytime Phone		

2 Withdrawal Frequency

Please select one.

All Systematic withdrawals are processed on the 25th of the month or the following business day if the 25th falls on a weekend or holiday.

- Monthly Start month:
- Quarterly (March, June, September, December)
- Semi-Annually (June, December)
- Annually Start month:

If no frequency is selected above, it will default to monthly. If no month is indicated for the "Annually" or "Monthly" option, we will base the distribution on when the form is received. Monthly withdrawals may not start until the month after we receive this form.

3 Secured Returns

This section is for accounts with Secured Returns living benefits only. (All versions.)

All other accounts continue to the next section.

If you are participating in the Accumulation Benefit (GMAB), please note that systematic withdrawals are not permitted, and by signing this form to initiate systematic withdrawals, you elect to switch from the GMAB benefit to the Withdrawal Benefit (GMWB). This election is irrevocable. If you wish to take a withdrawal but do not wish to elect the GMWB at this time, please complete a Partial Withdrawal Form.

4 Withdrawal Amount

Please select one.

- Specific Dollar Amount:
- Maximum Guaranteed Annual/Lifetime Income amount available with your living benefit. (Stored income Balance excluded, if applicable.)

Each systematic withdrawal payment will be equal to this year's maximum guaranteed annual amount divided by the number of payment periods in a calendar year. If you begin the systematic withdrawal program on any date other than a Contract Anniversary, the total amount paid may be less than the maximum guaranteed annual amount for that contract year. Please complete a separate withdrawal request form to take any remaining balance available under your living benefit. If your maximum guaranteed amount changes you will need to contact us to adjust the amount of your systematic withdrawal.

5 Withdrawal Selection

Please select one.

Only for accounts without living benefits:

- Proportionally from existing investments allocations
- Proportionally from variable sub-account investments only
- From the following sub accounts or fixed guarantee investments at the percentage(s) shown below:

Fund Name	Percentage
	%
	%
	%
(must equal 100%) Total:	%

If no selection is made above, or your account has a living benefit, withdrawals will be taken proportionally from all existing investment allocations. If you choose to have your systematic withdrawal taken from a specific sub-account, and sufficient funds are not available in that sub-account on the date the systematic withdrawal is processed, the program will be stopped. If percentages are listed with decimals they will be rounded to the nearest whole number.

6 Tax Withholding

Please select one.

Would you like Federal income taxes withheld from your withdrawal?

- Yes. Withhold _____% of the taxable amount (must be between 10% and 50%)
- No.

If no selection is made or the amount is less than 10% we will automatically withhold 10%. The Internal Revenue Service may consider an annuity withdrawal a taxable event. Federal and/or state taxes may apply. Sun Life only withholds Federal taxes. 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. Please consult a tax advisor prior to making any withdrawals from your annuity. The Internal Revenue Code does not permit 403(b) annuity owners to request systematic withdrawals unless they have attained age 59 1/2. Sun Life is required to withhold a mandatory 20% for Federal income taxes on all 403(b) annuity withdrawals.

7 Mailing Instructions

Unless otherwise instructed, a check will be sent to the contract owner's address of record via First Class mail.

Forward the proceeds to the following address.

Make Check Payable to: (alternate payee)		
Mailing Address		
City	State	Zip Code

Direct Deposit

The contract owner must be an owner on the bank account listed below.

- Checking Account include a voided check with this form
- Savings Account include a letter from your bank that lists the account number and 9-digit routing number.

If neither a voided check nor a letter from your bank is provided, or the electronic fund transfer is returned/rejected by your bank, a check will be mailed to the contract owner's address of record.

Check the list below to see if a signature guarantee is required for this withdrawal.

Owner's Signature X	Date
Signature Guarantee	

Co-Owner's Signature X	Date
Signature Guarantee	

Signature Guarantee Stamps

If one of the follow conditions applies to this withdrawal, we require an original signature guarantee stamp (no faxes) to accompany each signature on this form.

- The address on file for the Owner has changed within 30 days of Sun Life's receipt of this request
- The check is being sent to an address other than the Owner's address of record
- The check is being made payable to a party other than the Owner
- The withdrawal amount is over \$100,000