

Bank Draft Investing Enrollment



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

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

If your account is a 403(b), 401(k) or Custodial IRA, you are not eligible to enroll in the Bank Draft Program.

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 Bank Draft Instructions

This is only for withdrawal of funds from your savings or checking account for deposit to your annuity. Deposits into your annuity will be made according to the current allocations we have on file.

Withdrawal Frequency and Start Date:

- All bank draft withdrawals will be processed on the 1st of the month or the following business day if the 1st of the month falls on a weekend or holiday.
- If no frequency is selected, withdrawals will be made monthly.
- If bank draft paperwork is not received in good order by the 15th of the month your payments will begin two payment periods from the date this paperwork is received.

Monthly Quarterly Semi-Annually Annually

If you selected a monthly or annual payment frequency, please indicate the month to start your payments below. If no month is indicated below, your payments will begin one payment period from the date this paperwork is received in good order.

Enter Month to Start Your Payments

- If the withdrawals are being made from checking account, please provide a voided check.
- If the withdrawals are being made from savings account, please provide a letter from your bank on their letterhead with the bank account number and routing number.

Note: If you do not include a voided check or a letter from your bank along with this request, we will not be able to initiate the withdrawals from your bank account until we receive either of these documents.

2 Bank Draft Instructions (Continued)

Bank Information:

Bank Name		Telephone Number	
Address (Number and Street)			
City		State	Zip Code
Bank Account Number		Nine Digit Routing Number	
Type of Account		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

Withdrawal Amount:

Please enter the specific dollar amount for each withdrawal:

Dollar Amount \$ _____, _____, _____ . _____

Minimum bank draft amount is \$50.

Note: IRA account holders who exceed their contribution limit are subject to an IRS penalty on the amount in excess. Please consult a tax advisor for additional information regarding IRA contribution limits.

3 Authorization - THIS SECTION MUST BE COMPLETED

All Participants/Owners and/or authorized signers **MUST** sign in this section before we can comply with any bank draft request.

Your signature below indicates your agreement that the rights of the bank named above with respect to checks drawn and debit entries initiated to your account are the same as if they were checks drawn on the bank and signed by you. You also agree that the bank shall be fully protected and without any liability whatsoever in honoring or refusing to honor any such check and in accepting or refusing to accept any such debit entry, whether with or without cause and whether intentionally or inadvertently. This Program may be revoked by Sun Life Assurance Company of Canada (U.S.) without prior notice if any check is not paid upon presentation or any debit entry is not accepted. You may alter or stop this Program by notifying Sun Life Assurance Company of Canada (U.S.) at least 15 days prior to the next draft. Additional payments are subject to certain limitations. Please refer to the contract/certificate for details.

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.

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

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

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