

Charitable Remainder Trust Waiver



1. Waiver Information

As authorized signer for the:

Name of Charitable Remainder Trust

Please be sure to check CRT in the Plan Selection section of the application.

I acknowledge that the Trust is aware that Sun Life Assurance Company of Canada (U.S.) tax reporting is limited to Form 1099R when applicable and that Sun Life Assurance Company of Canada (U.S.) will not issue any Trust returns.

I am also aware that Sun Life Assurance Company of Canada (U.S.) will at no time assume any responsibilities other than the contractual obligations as the issuer of a deferred annuity contract, and, should the current trustee resign at any time, it will be the responsibility of the Trust to find a new trustee.

I do not hold Sun Life Assurance Company of Canada (U.S.) responsible for any tax consequences of the purchase of this annuity and confirm that I have received independent tax advice as to the tax requirements of this investment.

Trustee's Signature

X

Date (m/d/y)

2. Mailing Information

Sun Life Assurance Company of Canada (U.S.)

(First Class Mail Address)

P.O. Box 9133

Wellesley Hills, MA 02481

OR

(Overnight mail Address)

112 Worcester Street

Wellesley Hills, MA 02481