

Direct Deposit Form



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

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 Information

This is only for the deposit of payments into a savings or checking account.

- For deposit into a checking account, please provide a voided check.
- For deposit into a 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 deposit your payments into your bank account. We will send all payments to the owner's address of record.

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	

3 Authorization - THIS SECTION MUST BE COMPLETED

All Participants/Owners and/or authorized signers MUST sign.

I hereby authorize Sun Life Assurance Company of Canada (U.S.) ("the Company") to transfer funds via direct deposit to the bank account designated on the previous page. This authorization shall be effective until the Company receives written notice from me to the contrary, in a form satisfactory to the company. To correct overpayments credited to my account during or after my lifetime, I hereby authorize and direct the bank designated on the previous page to debit my account and refund such overpayments to the Company at its sole request.

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)

