

Date of Birth Change Request



Please return the completed form to:

Sun Life Financial
 P.O. Box 81173
 Wellesley Hills, MA 02481-0001
 Phone: 1-800-700-6554

Overnight Address:
 Sun Life Financial
 One Sun Life Executive Park
 Wellesley Hills, MA 02481-9106

Policy Information

Please PRINT clearly.

Fill out form completely.

Complete a separate request form for each policy requiring a change.

Policy Number		
Insured(s) Name(s)		
Owner(s) Name(s)		
Social Security/Tax Identification Number		
Address		
City	State	Zip Code
Telephone Number	E-mail Address	

Request for Change in Date of Birth

Proof of correct date of birth is required. Please submit a copy of your Birth Certificate, Driver's License, State ID or US Passport.

Reason for Change (Please check one):

- Misstated
 Other (Please specify reason): _____

Correct date of birth is (mm/dd/yyyy): ____/____/____

Note: Additional premium may be due upon correcting the date of birth.

Signatures

If additional space is needed for multiple owner(s), please use the space provided below.

Please Print Owner Name	Date (m/d/y)
Owner Signature X	Date (m/d/y)
Please Print Co-Owner Name	Date (m/d/y)
Co-Owner Signature X	Date (m/d/y)
Assignee Signature (if applicable) X	Date (m/d/y)
Assignee Signature (if applicable) X	Date (m/d/y)