

# Loan, Dividend Withdrawal or Partial Withdrawal Request



Please return the completed form to:

Sun Life Financial  
 P.O. Box 9106  
 Wellesley Hills, MA 02481-9106  
 Phone: (800) 862-6266

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

If your policy has an Enhanced Life Rider, you will need to contact us to determine the options available to you. It is important to note that not all dividends on your policy may be available for withdrawal. If you have any questions prior to requesting this withdrawal, please contact our Customer Service Center at the number above.

## Policy Information

Please PRINT clearly.  
 Fill out form completely.  
 Complete a separate request form for each policy.

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	

This is a request for (check all that apply):

- Loan
- Dividend Withdrawal
- Partial Withdrawal

## Loan Request

The policy loan will be made solely on the security of the policy. Interest on all policy loans will accrue at a variable rate and shall be due and payable on each policy anniversary. Any unpaid interest will be added to the principle amount of the policy loan at each anniversary, and will accrue interest at the then applicable rate in the same manner as the policy loan.

Amount (check one):

- Specific Amount: \$ \_\_\_\_\_ OR  Maximum Amount Available

Please (check one):

- Issue a check to me OR  Pay the premium on policy number: \_\_\_\_\_

We will accept repayment of policy loan at any time prior to the death of the insured or maturity on this policy. When the policy proceeds become due, we will deduct the balance of any outstanding loan and accrued interest on such loans, from that amount.

## Dividend Withdrawal Request

Note: Once dividends are withdrawn, they can not be paid back into the policy.

Amount (check one):

Specific Amount: \$ \_\_\_\_\_ OR  Maximum Amount Available

Please (check one):

Issue a check to me OR  Pay the premium on policy number: \_\_\_\_\_

## Partial Withdrawal Request

Note: A \$25 fee may be applicable.

Please be advised, a Partial Withdrawal will reduce the Specified Face Amount. It will also reduce the Account Value, Tabular Value, Cash Value and Cash Surrender Value available under the policy. Refer to your policy contract for withdrawal guidelines, minimum amounts and withdrawal fees.

Issue a check to me in the amount of: \$ \_\_\_\_\_

## Signatures

In order to process any change requested, all applicable signatures are required.

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)
Irrevocable Beneficiary Signature (if applicable) X	Date (m/d/y)

## Notices

### OREGON RESIDENTS

The following information is being provided to you under Oregon law.

Life insurance is a critical part of a broader financial plan. There are many options available, and you have the right to shop around and seek advice from different financial advisers in order to find the options best suited to your needs.

Please contact the Oregon Insurance Division for further information.

Visit our website at

[insurance.oregon.gov/consumer/life-insurance/understand\\_life.html](http://insurance.oregon.gov/consumer/life-insurance/understand_life.html)

or call an advocate at

1-888-877-4894 or (503) 947-7984