

Release of Assignment as Collateral Security



Please PRINT clearly.

Insured Name(s)
Owner Name(s)
Assignee as Security
Policy Number(s)

This form is intended for use with policies issued by Sun Life Insurance and Annuity Company of New York, a member of the Sun Life Financial group of companies.

For value received, the above policy is hereby released and the rights and interests of the assignee are hereby canceled and annulled.

Authorization

Assignee Signature X	Date (m/d/y)
Witness Signature* X	Date (m/d/y)
Assignee Signature X	Date (m/d/y)
Witness Signature* X	Date (m/d/y)

*The witness should be a disinterested person.

Please note that this form has been printed by the Company for your convenience but is not suitable for all purposes. Make sure it will carry out your intentions before signing. The Company cannot be responsible for the effect or sufficiency of the completed form.

Company Use Only