

Individual Life Insurance Death Claim Form



Instructions

Please sign and return the completed form along with a certified death certificate for the deceased, and the policy contract (if available) to:

Sun Life Financial
P.O. Box 9191
Wellesley Hills, MA 02481-9191
Phone: 1-877-750-8683

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

This form should be completed and signed by the designated beneficiary of the policy(ies) listed below. If there is more than one beneficiary, each beneficiary must complete a separate form.

Please PRINT clearly.

Policy Number(s) for Which Claim Is Being Made

The Policy Contract: Is enclosed Is not enclosed

Method of Payment

You may choose to receive the life insurance benefit in a lump sum check or by having it paid into a Sun Life Financial Benefit Account.

A Sun Life Financial Benefit Account is an interest bearing account, provided free of charge on eligible life insurance benefits, that provides you with immediate access to the benefit proceeds. You simply write a check for all, or a portion, of the proceeds. You may not make deposits to the Sun Life Financial Benefit Account.

The Sun Life Financial Benefit Account is available to all individual beneficiaries who will receive a benefit of \$5,000 or more. If the beneficiary is a corporation, trust, or a guardian of a minor, or the benefit is less than \$5,000, the benefit will be paid by check.

If the beneficiary is a minor and no guardian of the minor's estate has been appointed, we will pay the benefit into a Sun Life Financial Benefit Account. The Sun Life Financial Benefit Account is immediately available to the guardian of the minor's estate once the guardian has been appointed and to the minor once he or she reaches the age of majority.

I elect a lump sum Check

I elect the Sun Life Financial Benefit Account

Note: If no option is selected, a Sun Life Financial Benefit Account will be opened. (For Maryland residents, if no election is indicated, payment will be made in a lump sum Check.)

Information About the Deceased

Deceased's Name		
Date of Birth (m/d/y)	Date of Death (m/d/y)	Social Security Number
Cause of Death/Place of Death		Residence at Death

Information About the Beneficiary

Full Legal Name of Claimant		Date of Birth (m/d/y)
Address		
City	State	Zip Code
Social Security Number	Relationship to Deceased	Contact Phone Number(s)

Acknowledgment and Authorization

I understand that some states require Sun Life Assurance Company of Canada or Sun Life Assurance Company of Canada (U.S.) ("the Company") to notify me that any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits or files a claim containing a false or deceptive statement may be guilty of insurance fraud which may subject the person to civil and criminal penalties.

I hereby agree that this claim form is being supplied at the undersigned's request and without any verification by the Company or its affiliates as to whether any insurance is in force and, if so, whether any benefit is due. Acceptance of this signed form may not be considered a waiver of any rights or defenses by the Company or its affiliates.

I certify that the above statements are true and complete. I hereby give permission to any physician, hospital, or clinic or any other person or institution to accept a photocopy or facsimile of this form as my authorization to furnish the Company or its affiliates with any information concerning the late

Insured's Name

W-9 Certification Information

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. Citizen or other U.S. person.

Certification Instructions. You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Signatures

Signature of Beneficiary X	Date (m/d/y)
Print Name of Beneficiary	
Additional Signature (if required) X	Date (m/d/y)
Print Name	

State Fraud Notices

I understand that some states require Sun Life Assurance Company of Canada or Sun Life Assurance Company of Canada (U.S.) to notify me that any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties and denial of insurance benefits. [Residents of CA, CO, DC, FL, KY, MD, ND, NJ, PR, TX, and WA refer to specific notices listed below.]

Please read the notice that applies to you, if any:

California Residents: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maryland Residents: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

North Dakota Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may be guilty of a fraudulent insurance act.

New Jersey Residents: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Puerto Rico Residents: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Texas Residents: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Washington Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.