

Assignment as Collateral Security Form



Please PRINT clearly.

Insured Name(s)
Owner Name(s)
Policy Number(s)

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

For value received, and by way of security for all present and future indebtedness, I/we, the owner(s) of the Sun Life Insurance and Annuity Company of New York ("the Company") policy(ies) described above, hereby transfer(s) and assign such policies to:

Name
Address

Authorization

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