



# Third Party Authorization Form

Please PRINT clearly.

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

## Release of Information Authorization (Third Party Information)

This authorization directs Sun Life Assurance Company of Canada (U.S.), a member of the Sun Life Financial group of companies, to release all requested policy and contract information to the individual(s) named below. Please read carefully before signing.

As the Owner(s) of the policy/contract(s) listed above, I/we authorize Sun Life Financial's customer service representatives to disclose any and all policy or contract information upon request of:

Name	
Address	
Social Security or Tax ID number (for call identification)	Relationship to Owner

Name	
Address	
Social Security or Tax ID number (for call identification)	Relationship to Owner

## Authorization

Contract owners who authorize Sun Life Financial to release all requested policy and contract information agree to release such information subject to the following provisions:

1. I will indemnify and hold Sun Life Financial and your directors, officers and employees harmless from any and all liabilities and costs, including attorney fees, which may be incurred by relying upon this authorization.
2. This authorization will remain in effect until Sun Life Financial has received written notice of its revocation signed by me.
3. This authorization will become effective as of the date Sun Life Financial receives it.
4. A duplicate of this form will be considered as effective as the original.

Policy Owner Signature X	Date (m/d/y)
Policy Owner Signature X	Date (m/d/y)

Mail completed form to: Sun Life Financial  
P.O. Box 81173  
Wellesley Hills, MA 02481