

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 Company of Canada or Sun Life Assurance Company of Canada (U.S.), both members 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 Assurance Company of Canada or Sun Life Assurance Company of Canada (U.S.) ("the Company") policy(ies) described above, hereby transfer(s) and assign such policies to:

Name
Address

Authorization

Policyowner Signature X	Date
Witness Signature* X	Date
Policyowner Signature X	Date
Witness Signature* X	Date

* 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