

Lifetime Income Bonus Benefit Rider Removal Form



Please return the
completed form
by mail or fax to:

Sun Life Financial
P.O. Box 9133
Wellesley Hills MA 02481
Fax: (781) 304-5383

1. Contract Information

Please PRINT clearly.

| | | |
|-------------------------------------------------------------------------|-------|----------------------------|
| Sun Life Assurance Company of Canada (U.S.) ¹ Account Number | | |
| Participant(s)/Owner(s) | | Social Security Number |
| Address (Number and Street) | | Daytime Telephone |
| City | State | Zip Code |

2. Election to Revoke The Lifetime Income Bonus Benefit Rider

I/we, the Participant(s)/Owner(s) of the annuity contract referenced above, hereby revoke the Lifetime Income Bonus Benefit Rider. I/we understand and agree that:

1. The Lifetime Income Bonus Benefit Rider cannot be selected again at a later date.
2. If this contract is annuitized, the Lifetime Income Bonus Benefit Rider will not be credited to the Account Value.
3. As of the date this form is received by Sun Life Assurance Company of Canada (U.S.) in good order, the charge for the Lifetime Income Bonus Benefit Rider (0.10% of your average daily Variable Account Value) will no longer be assessed against this contract.

3. Signature

All Participant(s)/
Owner(s), or
authorized signers
must sign in this
section before we can
comply with any
request.

| | |
|-----------------------------------------------------|--------------|
| Participant/Owner Signature X | Date (m/d/y) |
| Co-Participant/Owner Signature (if applicable) X | Date (m/d/y) |

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