

# Step-up for Secured Returns 2



Complete this form  
and return it by mail  
or fax to:

Mail:  
Sun Life Financial  
P.O. Box 9133  
Wellesley Hills, MA 02481

Contact us:  
Phone: (800) 752-7215

Overnight Mail:  
Sun Life Financial  
112 Worcester Street  
Wellesley Hills, MA 02481

Fax: (781) 304-5383

## 1 | Contract Information

Contract/Certificate Number		
Owner/Participant (Last, First, Middle Initial)		Social Security Number
Co-Owner (Last, First, Middle Initial)		Social Security Number
Address		
Address		
City	State	Zip Code
Owner's Daytime Phone Number (area code first) (     )     -		

## 2 | Election to Step-up the Secured Returns 2 Benefit

I, the Owner/Participant of the annuity contract referenced above, hereby choose to step-up my Secured Returns 2 Living Benefit. I understand and agree that:

1. My step-up will occur on the date this form is received in good order by the issuer.
2. Once I choose to step-up, I am not eligible to step-up again for 5 years from the step-up date.
3. The fees associated with the Secured Returns 2 Living Benefit may change once I elect to step-up.
4. If I am currently making systematic withdrawals under the Guaranteed Minimum Withdrawal Benefit plan, my withdrawal amount may change, and I am required to contact the issuer if I wish to change the amount of my withdrawal.

ALL owners must  
sign this request.

Owner's Signature X	Date (mm/dd/yyyy)
Co-Owner's Signature (if applicable) X	Date (mm/dd/yyyy)