

Guaranteed Minimum Withdrawal Benefit (GMWB) Election



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)		
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2 | Election to Change to the Guaranteed Minimum Withdrawal Benefit (GMWB)

I elect to participate in the Guaranteed Minimum Withdrawal Benefit (GMWB) plan in accordance with the terms and conditions described in the contract. I understand that this election is irrevocable and I cannot change back to the Guaranteed Minimum Accumulation Benefit (GMAB) plan. If I have a Secured Returns 2 Living Benefit, I also understand that I will no longer be eligible to receive a refund of the Secured Returns 2 Living Benefit rider charges that have been assessed since the inception of the Rider.

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)