

Non-Natural Owner Acknowledgement



Please return the completed form by mail or fax to:

For standard mail delivery:
Sun Life Financial
P.O. Box 9133
Wellesley Hills, MA 02481

For overnight mail delivery:
Sun Life Financial
112 Worcester Street
Wellesley Hills, MA 02481

Phone: (800) 752-7215
Fax: (781) 304-5383

Completing this form in its entirety and returning to Sun Life Assurance Company of Canada (U.S.), a member of the Sun Life Financial group of companies, will allow us to expedite your request.

1 Contract/Certificate Information

Please PRINT clearly.

Sun Life Assurance Company of Canada (U.S.) Contract/Certificate Number		
Entity Name	Tax Identification Number	
Address (Number and Street)		
City	State	Zip Code
Phone Number (area code first)	Best time to call <input type="checkbox"/> AM <input type="checkbox"/> PM	

2 Acknowledgement

I/we, as authorized signer(s) for the above-named entity, acknowledge that Internal Revenue Code Section 72(u) provides that if any annuity contract is held by a person who is not a natural person, and if such person is not holding as an agent for a natural person:

The contract shall not be treated as an annuity contract for income tax purposes; and,

The income on the contract for any taxable year of the contract owner shall be treated as ordinary income received or accrued by the owner during any such taxable year.

I/we further understand and agree that

- the income on the contract may be currently taxable to the above-named entity whether or not it is withdrawn from the contract
- the removal or death of any annuitant or co-annuitant named in this contract may require the full distribution of the contract under the relevant provisions of the Internal Revenue Code.

The tax reporting responsibility of Sun Life Assurance Company of Canada (U.S.) is limited to issuing IRS Form 1099-R to reflect withdrawals that have occurred in the prior tax year. Any amount(s) shown on such 1099-R may not reflect the actual amount reportable as taxable income by the above-named entity.¹

1. Under the federal income tax regulations, Sun Life Assurance Company of Canada (U.S.) is not required to provide the amounts of "income on the contract." Accordingly, please refer to the quarterly statements on the performance of the annuity provided by Sun Life Assurance Company of Canada (U.S.) for data that can be used to determine the income on the contract.

I/We certify that

- the TIN provided above is correct,
- I/We have legal authority to complete this form and the attached annuity contract application on behalf of the above-named entity,
- the annuitant named under the contract is employed by or otherwise connected in some manner on an ongoing basis with the above-named entity, and
- the above-named entity has an insurable interest in the life of the annuitant named under the contract.

AUTHORIZED SIGNER(S) MUST SIGN THIS FORM BELOW.

Authorized signers
MUST sign in
this section

Please Print Name	Title
Signature	Date (mm/dd/yy)

Please Print Name	Title
Signature	Date (mm/dd/yy)