

# Secured Returns for Life Benefit Rider<sup>1</sup> Step-up Form



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

Fax: (781) 304-5383

## 1 Contract Information

Please PRINT clearly

Sun Life Assurance Company of Canada (U.S.) <sup>2</sup> Contract Number		
Participant/Owner Name (Last, First, Middle Initial)	Social Security Number 	
Co-Participant/Co-Owner Name (if applicable)	Social Security Number 	
Address (Number and Street)		
City	State	Zip Code

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

I, the Participant/Owner, hereby choose to Step-up my Secured Returns for Life Benefit Rider. I understand and agree:

1. My Step-up will occur on the date this form is received in good order by Sun Life Financial, provided I am eligible to "Step-up" under the rules of my Rider.
2. Once I choose to Step-up, I am not eligible to Step-up again until one year (under the Secured Returns for Life Plus Benefit) or three years (under the Secured Returns for Life Benefit) have elapsed from each Step-up date.
3. The fees associated with the Secured Returns for Life 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 Sun Life Financial should I wish to alter the amount of my withdrawal.

## 4 Signature

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

Participant/Owner Signature	Date (mm/dd/yy)
Co-Participant/Co-Owner Signature (if applicable)	Date (mm/dd/yy)

<sup>1</sup> Applies to both Secured Returns for Life & Secured Returns for Life Plus.

<sup>2</sup> Sun Life Assurance Company of Canada (U.S.) is a member of the Sun Life Financial group of companies.