

Change of Ownership Form



Please return the completed form by mail 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

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 Current Participant/Owner Information

Sun Life Assurance Company of Canada (U.S.) Contract / Certificate Number		
Current Participant/Owner (Last, First, Middle Initial)	Social Security / TIN 	
Address (Number and Street)		
City	State	Zip Code
Current Participant/Owner Phone Number (area code first)	Best time to call <input type="checkbox"/> AM <input type="checkbox"/> PM	

Complete this section only if the contract has more than one Participant/Owner

Current Co-Participant/Co-Owner (Last, First, Middle Initial)	Social Security / TIN 	
Address (Number and Street)		
City	State	Zip Code
Current Co-Participant/Co-Owner Phone Number (area code first)	Best time to call <input type="checkbox"/> AM <input type="checkbox"/> PM	

2 New Participant/Owner Information

Complete this section to change the Participant/Owner:

New Participant/Owner (Last, First, Middle Initial)	Social Security Number / TIN 	
Address (Number and Street)		
City	State	Zip Code
New Participant/Owner Date of Birth (mm/dd/yyyy)		
New Participant/Owner Phone Number (area code first)	Best time to call <input type="checkbox"/> AM <input type="checkbox"/> PM	

Complete this section to change and/or add a Co-Participant/Co-Owner:

Complete this section only if you wish to have a Co-Participant/Co-Owner.

New Co-Participant/Co-Owner (Last, First, Middle Initial)	Social Security Number / TIN 	
Relationship to Current Participant/Owner		
Address (Number and Street)		
City	State	Zip Code
New Co-Participant/Co-Owner Date of Birth (mm/dd/yyyy)		
New Co-Participant/Co-Owner Phone Number (area code first)	Best time to call <input type="checkbox"/> AM <input type="checkbox"/> PM	

3 Living Benefit Acknowledgement

This section is only for contracts with active Living Benefits.

I understand that changing the owner² on this account may cancel the Living Benefit.^{3, 4}

4 Important Ownership Change Considerations

Signing in Section 5 confirms the understanding and acceptance by all parties that the completion of this request may have one or more of the following effects on this account and its participant/owner(s). Please consult your financial advisor and/or your contract/certificate for more detailed information regarding the effect a change of ownership will have on your annuity.

1. A change of ownership may have tax consequences. Please consult a tax advisor prior to making any changes to the ownership of your annuity.
2. Living benefit riders may be adversely affected by a change of ownership.
3. A change of ownership and/or the addition of a co-participant/co-owner may affect the interest of any beneficiaries designated prior to the effective date of the change.

If you would like to change your beneficiary designation, please include a Sun Life Beneficiary Designation form signed by the new contract/certificate participant/owner(s) with this request.

² Changing the Custodian on an account will not affect an active living benefit.

³ An ownership change will not cancel Secured Returns or Secured Returns 2 Living Benefit Riders.

⁴ Living Benefit Rider Fees may continue until 7 years from the Rider Election Date. Consult your prospectus for details.

5 Authorization & Signature Guarantees

All Participants/Owners and/or authorized signers MUST sign in this section before we can comply with any withdrawal request.

Please note that Sun Life Financial requires an original signature guarantee on the current participant/owner's signature. Copies and/or notarized signatures will not be accepted.

Your signature must be guaranteed by a bank that is a member of the FDIC, a member firm of the New York, American, Boston, Midwest, Philadelphia, or Pacific Stock Exchange, or a member of the Securities Transfer Agents Medallion Program (STAMP).

The change of ownership will not be binding until it is received in good order and acknowledged by Sun Life Financial. At that time, the change will be effective as of the date it was signed, but without prejudice to Sun Life Financial on account of any payment made or any action taken by Sun Life Financial before the change request is received and acknowledged. In addition, Sun Life Financial assumes no responsibility for the validity or sufficiency of this change, and makes no representations regarding the tax consequences of the ownership change.

Note: If you are signing as a fiduciary (custodian/guardian/conservator/trustee/attorney-in-fact, etc.) for the Participant(s)/Owner(s), you must sign this form in your official capacity, not your individual capacity. You must also include the relevant documentation supporting your custodial/fiduciary appointment.

By signing this form below, I(we) acknowledge that I(we) have read and understand Section 4 of this form and have had the opportunity to obtain independent legal and tax advice prior to executing this document.

Current Participant/Owner Signature	Date (mm/dd/yy)
Current Co-Participant/Co-Owner Signature	Date (mm/dd/yy)
Original Signature Guarantee for Current Participant/Owner	
Original Signature Guarantee for Current Co-Participant/Co-Owner	
New Participant/Owner Signature	Date (mm/dd/yy)
New Co-Participant/Co-Owner Signature	Date (mm/dd/yy)

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