

# Secured Returns for Life Benefit<sup>1</sup> Guaranteed Minimum Withdrawal (GMWB) & By Schedule Step-up Option Election



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 Change from Guaranteed Minimum Accumulation Benefit to Guaranteed Minimum Withdrawal Benefit

- 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 and agree:
- This election is irrevocable.
  - I cannot change back to the Guaranteed Minimum Accumulation Benefit plan.
  - I will no longer be eligible to receive a refund of the Secured Returns for Life Benefit charges.
  - My withdrawal choices are contingent upon my age at time of first withdrawal.

### For Secured Returns for Life Plus Clients

- My accrued bonus (if any) will be credited to my Remaining GLB amount.

**NOTE:** If you would like to make a withdrawal at this time, an additional form is required. If you would like to start systematic withdrawals, please call (800) 752-7215.

## 3 Election to Participate in the GMWB By Schedule Step-up Option Program

- I wish to elect the GMWB By Schedule Step-up Option program. I understand and agree:
- This program will run annually from Issue Date or last Step-up date for Secured Returns for Life Plus or this program will run every three years from Issue Date or last Step-up date for Secured Returns for Life.
  - A Step-up will only be performed if my Account Value is greater than my current Guaranteed Living Benefit Amount, my Guaranteed Living Benefit Base and my Lifetime Income Base if applicable.
  - I may discontinue the program at any time.
  - I will be notified in advance of any benefit charge increase resulting from the Step-up.
- I DO NOT wish to elect the GMWB By Schedule Step-up Option program at this time.

## 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.