

# Sun Life Financial Variable Annuity Account Aggregation Form

NOTE: Please do not complete this form unless you meet the aggregation guidelines outlined below:

Please return the completed form by mail or fax to:  
Sun Life Financial  
P.O. Box 9133  
Wellesley Hills, MA 02481

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 Aggregation Guidelines

In order to qualify for account aggregation, all of the guidelines listed in Grouping #1 or Grouping #2 must be satisfied.

### Eligible Aggregation Product Grouping #1:

Sun Life Financial Masters Choice, Sun Life Financial Masters Choice NY, Sun Life Financial Masters Access, Sun Life Financial Masters Access NY, Sun Life Financial Masters Flex, Sun Life Financial Masters Flex NY, Sun Life Financial Masters Select NY, Sun Life Financial Masters IV, Sun Life Financial Masters VII, MFS Regatta Choice II, MFS Regatta Flex II, All-Star, All-Star NY, All-Star Traditions, All-Star Traditions NY, All-Star Freedom, All-Star Freedom NY, Futurity Select Seven, Futurity Select 4 Plus, and Futurity Select Freedom.

### To be considered for account aggregation for the purpose of determining any large contract size credits, all of the following must be met for the products listed above:

- These products cannot be linked with the products listed in Grouping #2.
- A minimum of two contracts must be aggregated.
- One of the following:
  - All contracts are owned by, or for the benefit of, the same individual.
  - All contracts are owned by the primary owner, the spouse or immediate family member of the primary owner, and these contract owners share the same residence.
  - A single non-natural owner with all Annuitants having a familial relationship and a common mailing address.
- The average size of the contracts listed must be equal to or greater than \$1 Million.
- All contracts listed must have a valid Sun Life contract/account number.
- Owners of all contracts listed as eligible for aggregation must have signed this form.

### Eligible Aggregation Product Grouping #2:

Sun Life Financial Masters Extra (In the state of Washington only), Sun Life Financial Masters Reward NY, All-Star Extra, All-Star Extra NY, and Futurity Select Incentive.

### To be considered for account aggregation for the purpose of determining a bonus level percentage, all of the following must be met for the products listed above:

- These products cannot be linked with the products listed in Grouping #1.
- A minimum of two contracts must be aggregated.
- All contracts are owned by the primary owner, the spouse or immediate family member of the primary owner, and these contract holders share the same residence.
- All contracts listed must have a valid SunLife contract/account number.
- Owners of all contracts listed as eligible for aggregation must have signed this form.

## 2 Contracts Designated as Eligible for Aggregation (Requires at least two contracts to aggregate)

Please identify all contracts that are eligible for aggregation under the rules of the program. Reference the rules above and your prospectus for more details. Contract information listed below will not be shared with the other owners listed.

**Primary Owner:**

Sun Life Account Number		Product Name	
Participant/Owner Name (Last, First, Middle Initial)		Annuitant	
Address (Number and Street)			
City		State	Zip Code
<b>Signature of Primary Owner</b>			

**Owner:**

Sun Life Account Number		Product Name	
Participant/Owner Name (Last, First, Middle Initial)		Relationship to Primary	
Annuitant		Relationship to Primary	
Address (Number and Street)			
City		State	Zip Code
<b>Signature of Primary Owner</b>			

**Owner:**

Sun Life Account Number		Product Name	
Participant/Owner Name (Last, First, Middle Initial)		Relationship to Primary	
Annuitant		Relationship to Primary	
Address (Number and Street)			
City		State	Zip Code
<b>Signature of Primary Owner</b>			

**Owner:**

Sun Life Account Number		Product Name	
Participant/Owner Name (Last, First, Middle Initial)		Relationship to Primary	
Annuitant		Relationship to Primary	
Address (Number and Street)			
City		State	Zip Code
<b>Signature of Primary Owner</b>			

**If you should have any questions regarding this form, please contact Sun Life Financial at 1-800-752-7215.**

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