

Contractual Policy Change Requests



Use this form to make changes to:

- Policy Face Amount Reduction
- Non-Forfeiture Option
- Policy Status
- Death Benefit Option

Please return the completed form to:

Sun Life Financial
P.O. Box 9106
Wellesley Hills, MA 02481-9106
Phone: (800) 862-6266

Overnight Address:

Sun Life Financial
One Sun Life Executive Park
Wellesley Hills, MA 02481-9106

Policy Information

Please PRINT clearly.

Fill out form completely.

Complete a separate request form for each policy requiring a change.

Policy Number		
Insured(s) Name(s)		
Owner(s) Name(s)		
Social Security/Tax Identification Number		
Address		
City	State	Zip Code
Telephone Number	E-mail Address	

This is a request for (please check all that apply):

- Policy Face Amount Reduction
- Non-Forfeiture Option Change
- Policy Status Change
- Death Benefit Option Change

Policy Face Amount Reduction

Note: These changes are not allowed on all products or plans. Please refer to your policy contract for additional information.

Reduce the specified face amount from \$ _____ to \$ _____

Reduce the Sundry amount from \$ _____ to \$ _____

Note: For Universal Life Policies, there may be a surrender charge associated with reducing the face amount on your policy.

Non-Forfeiture Option Change

Please refer to your policy contract for the specific options available to you.

Please choose one:

- Reduced Paid Up
- Extended Term Insurance
- Automatic Premium Loan

Policy Status Change (Whole Life Products Only)

Change the Status of this policy to Reduced Paid Up

Death Benefit Option Change (Universal Life Products Only)

Please refer to your policy contract for available options.

I elect to change the Death Benefit Option from Option ____ to Option ____

Note: Use this form if changing to Option A only. If changing from Option A to Option B, use the form Application for Reinstatement and Contractual Policy Change.

Signatures

In order to process any change requested, all applicable signatures are required.

If additional space is needed for multiple owner(s), please use the space provided below.

Please Print Owner Name	Date (m/d/y)
Owner Signature X	Date (m/d/y)
Please Print Co-Owner Name	Date (m/d/y)
Co-Owner Signature X	Date (m/d/y)
Assignee Signature (if applicable) X	Date (m/d/y)
Assignee Signature (if applicable) X	Date (m/d/y)
Irrevocable Beneficiary Signature (if applicable) X	Date (m/d/y)