

# Sun Life Assurance Company of Canada

## Confirmation of Insurance

Administrative Office: P.O. Box 506, Keene, N.H. 03431-0506

Please PRINT clearly.

Date (m/d/y)	Policy/Certificate Number	Policy/Certificate Date (m/d/y)
Insured		Issue Age
Basic Plan	Face Amount on Confirmation Date	
Owner on Confirmation Date		
Primary Beneficiary on Confirmation Date		
Contingent Beneficiary on Confirmation Date		
Current Premium	Premium Frequency	
Riders		

This Confirmation is issued in place of the counterpart "Policy/Certificate" referenced above. It is issued upon a written statement that the original document was lost or destroyed. It does not change the terms of the coverage. It is evidence only that the coverage was issued. We will accept this Confirmation in lieu of the original document in situations where the original may be requested.

Assignment of the "Policy/Certificate" replaced by this Confirmation will not bind the Company unless made in writing and filed with the Company at its Administrative Office. The Company will not be responsible for the legal effects of an assignment. The owner may obtain more information about the coverage by contacting the Company or its Sales Representative.

Comment

In testimony whereof, Sun Life Assurance Company of Canada has caused this Confirmation to be executed in Keene, New Hampshire as of the Confirmation Date.

Customer Service Representative X
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