



# Ownership Change Request

Please PRINT clearly.

Policy Number(s)
Name of Insured
Current Owner(s)
Reason for Change, i.e., (Transfer, Death, Gift)

This form is intended for use with policies issued by Sun Life Assurance Company of Canada or Sun Life Assurance Company of Canada (U.S.), both members of the Sun Life Financial group of companies.

This form is to be used to change the ownership of the policy(ies) listed above. It also enables you to designate a contingent owner(s) who will become the owner(s) of the policy(ies) in the event that the original owner(s) dies. If a contingent owner(s) is not named, then the owner(s) estate automatically assumes ownership of the policy or the portion of the policy belonging to that owner upon their death.

This form cannot be used for any other reason. If you need to carry out any other change or transaction, or require the assistance of a Title Representative to accurately complete the form, please contact Title Services at 1-800-786-5433. Please note that neither Sun Life Financial nor its representative can provide legal advice. Consult your own attorney for specific legal advice.

**NOTE:** The change of Ownership DOES NOT affect the current beneficiary arrangement. To change the beneficiary arrangement contact Title Services for the appropriate forms.

Please ensure that this form is filled out accurately and completely. Sun Life Financial cannot be responsible for any errors made in the completed form. The requested changes will not become effective until the form has been received and approved by Sun Life Financial's U.S. Operations.

## Ownership Designation

Please enter the information requested below for the new owner(s) and contingent owner(s) (if any).

**If you designate a person as owner or contingent owner,** please provide that person's full name, relationship to the insured, address, date of birth, social security number and indicate whether or not the owner is a U.S. citizen.

**If you designate a trust as an owner or contingent owner,** please provide the name(s) of the trustee(s) of the trust, the name of the trust and the date of the trust in the following form: "Trustee Name as trustee(s) of the Name of Trust trust agreement dated Date of Trust." **You will also need to complete a Verification of Trust form which can be obtained from Title Services.**

Please type or print clearly.

New Owner
Address
New Owner
Address

**Contingent Owner Designation**

We strongly recommend that you designate a contingent owner if the Insured and Owner are different. If a contingent owner(s) is not named, then the owner(s) estate automatically assumes ownership of the policy or the portion of the policy belonging to that owner upon the death of that owner.

Contingent Owner(s)

**For multiple owners:** Unless you indicate differently by initialing below, the estate of any deceased owner will assume ownership of his or her portion of the policy(ies).

**Owner(s) Initials** \_\_\_\_\_ The Surviving owner(s) should assume ownership of any deceased owner's portion of the policy(ies).

**Current Owner(s) Signature(s)**

I (we), the owner(s) of the policy(ies) referred to on the front of this form, do hereby transfer and assign irrevocably, absolutely, and unconditionally all right, title and interest to the above mentioned policy(ies) to the new owner(s) indicated on the front of this form.

If any above referenced policy(ies) was issued prior to April 1, 1965, I (we) request that said policy(ies) is amended to include the right of the owner(s): 1. To designate a new owner or a contingent owner, or to change the contingent owner, 2. To change the beneficiary prior to the death of the insured without the need to submit the policy for endorsement, and 3. To collaterally assign said policy(ies) with the interest of the owner, contingent owner, or beneficiary, subordinates to such assignment(s), to the extent permitted by law. You must give Sun Life Financial written notice of any such action. Your exercise of these rights will be effective, subject to any action taken before such notice was received by Sun Life Financial, when you file such notice, in written form satisfactory to Sun Life Financial, at our U.S. Operations Office. The designation of a new owner or contingent owner will not, unless specified, affect the interest of any beneficiary.

Current Owner X	Date
Witness X	Date

Current Owner X	Date
Witness X	Date

Current Owner X	Date
Witness X	Date

**New Owner Signature(s)**

New Owner X	Date
Witness X	Date
New Owner X	Date
Witness X	Date
New Owner X	Date
Witness X	Date

Each new owner must complete a W9 form. For additional W9 forms, please contact Customer service at 1-800-786-5433.

<b>The INTERNAL REVENUE SERVICE does not require your consent to any provision of this document, other than the certification required to avoid backup withholding.</b>																																												
<b>Part I</b> Owners Taxpayer Identification Number (TIN)	Requester's name and address (optional)																																											
<p>Enter your TIN in the appropriate box. For Individuals, this is your Social Security Number (SSN) or IRS Individual Taxpayer Identification Number (ITIN). For other entities, it is your Employer Identification Number (EIN). If you Are a Sole Proprietor and have an EIN, you may enter either your EIN or SSN. However, The IRS prefers that you use your SSN.</p>	List account number(s) here (optional)																																											
<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td colspan="10" style="text-align: center;">SSN or ITIN</td> </tr> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table> </td> <td style="text-align: center; vertical-align: middle;">or</td> <td style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td colspan="10" style="text-align: center;">Employer Identification Number</td> </tr> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table> </td> </tr> </table>	<table border="1" style="margin: auto;"> <tr> <td colspan="10" style="text-align: center;">SSN or ITIN</td> </tr> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>	SSN or ITIN																				or	<table border="1" style="margin: auto;"> <tr> <td colspan="10" style="text-align: center;">Employer Identification Number</td> </tr> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>	Employer Identification Number																				<b>Part II</b> For U.S. Payees Exempt from Backup Withholding
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<b>Part III</b> Certification																																												
<p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> <li>The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), <b>and</b></li> <li>I am not subject to backup withholding because: <b>(a)</b> I am exempt from backup withholding, or <b>(b)</b> I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or <b>(c)</b> the IRS has notified me that I am no longer subject to backup withholding, <b>and</b></li> <li>I am a U.S. person (including a U.S. resident alien).</li> </ol> <p><b>Certification Instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage income paid, acquisition and abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.</p>																																												
<b>Sign Here</b>	<p>Signature of U.S. person &gt;</p> <p style="text-align: right;">Date &gt;</p>																																											