

Sun Life Assurance Company of Canada

Partial Cash Surrender

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

Tax Qualified Plan Non-Tax Qualified Plan

Please PRINT clearly.

Policy/Certificate Number	Insured	Owner
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I/we hereby elect a partial cash surrender of this Policy/Certificate in the amount of:

\$

For Universal Life Policies/Certificates, mark the appropriate option.

IF DEATH BENEFIT OPTION A is in effect for this Policy/Certificate, a partial cash surrender will reduce the face amount by an amount equal to the partial cash surrender. A partial cash surrender may not reduce the face amount below the minimum face amount stated in the Policy/Certificate.

I understand this partial cash surrender will reduce my Policy/Certificate's face amount and surrender amount by an amount equal to the partial cash surrender. My Policy/Certificate is enclosed for endorsement by the Company.

Partial Cash Surrender may be subject to a fee.

I request that the face amount of my Policy/Certificate not be reduced by this partial cash surrender and as the basis for this request, I submit the attached evidence of insurability (completed by the Insured) along with my Policy/Certificate. Evidence is not required if the reduction in face caused by the partial cash surrender is the lesser of 5% of the Policy/Certificate's face amount or \$25,000.

A Partial Cash Surrender is subject to Policy/Certificate limitations, please refer to your contract.

IF DEATH BENEFIT OPTION B is in effect for this Policy/Certificate, a partial cash surrender will reduce the Policy/Certificate's cash value.

Certification

I/we hereby certify that no proceedings in bankruptcy or insolvency, voluntary or involuntary, have ever been instituted by or against me (us), that I/we am of legal age, am not under guardianship or other legal disability and that said Policy/Certificate is not assigned or pledged to any other person or corporation other than the assignee signed below, and that (we) will indemnify and save harmless the said Company from any other and further claim thereunder. (Unless we are directed otherwise, the check will be made payable to the Owner.)

Make check payable to:

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PLEASE NOTE: Where we have indicated that yours is a tax qualified plan, distribution of the Policy/Certificate proceeds may adversely affect the deferred status of the Policy/Certificate. We urge you to consult your tax advisor regarding the taxation of any distribution prior to reaching a final decision regarding the transaction.



Notice of Withholding on Distributions or Withdrawals

The taxable portion of distributions you receive from the above Policy/Certificate are subject to Federal Income tax withholding and state income tax withholding, where applicable, unless you elect not to have withholding apply. You may elect to have withholding apply to your distribution payments by checking the appropriate box below.

If you do not respond by the date your distribution is scheduled to be made, Federal Income tax and state income tax, where applicable, will be withheld from the taxable portion of your distribution.

If you elect not to have withholding apply to your distribution payments, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

- I have read the above information and I do not want to have Federal Income tax (and state income tax, where applicable) withheld from my distribution.
- I have read the above information and I do want to have Federal Income tax (and state income tax, where applicable) withheld from my distribution.

Owner X	
Owner X	
Social Security Number/Tax I.D. Number of Owner 	Date (m/d/y)
Irrevocable Beneficiary X	
Witness X	
Address	
Witness X	
Address	