

Policy Service Request — Term Conversion



Please PRINT clearly.

To New Business Services — Conversions (SC 1215)		
From Sales Office	Producer Name	Producer Number
Policy Number	Producer Name	Producer Number

This part of the form is used to request a conversion of a Term Insurance Policy, Supplemental Term Insurance Rider or an Enhanced Life Rider to permanent insurance.

Policy Number		
Insured(s) Name(s)		
Owner(s) Name(s)		
Owner's Address		
Convert \$	Of <input type="checkbox"/> Supplemental Term Insurance Rider	<input type="checkbox"/> Term Insurance Policy <input type="checkbox"/> Enhanced Life Rider
If Partial Conversion, Amount to be Kept in Force \$	Effective Date	

Details of the New Policy

Base Plan	Base Face Amount \$
Benefits/Riders	Amount \$
	Amount \$
	Amount \$
Specified Death Benefit Option	Occupation
Have you smoked cigarettes during the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	If former smoker, date last smoked
Premium Payment Plan <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual [<input type="checkbox"/> PAC & <input type="checkbox"/> List Bill (complete separate forms)] <input type="checkbox"/> Other	
Is Automatic Premium Loan requested, if available? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dividend Option <input type="checkbox"/> Purchase Paid-Up Additions <input type="checkbox"/> To reduce premiums <input type="checkbox"/> In cash <input type="checkbox"/> To accumulate at interest	
If Converting to Universal Life, Planned Periodic Premium	

Beneficiary(ies) — To be Paid at Death of Insured

Unless otherwise specified, surviving beneficiaries within a class (Primary or Contingent) will share equally.

Primary Beneficiary(ies)		
Relationship to Life Insured		Social Security Number
Address		
City	State	Zip Code
Contingent Beneficiary(ies) — in the event of death of all primary beneficiaries		
Relationship to Life Insured		Social Security Number
Address		
City	State	Zip Code

In the event of the death of all nominated beneficiaries, the proceeds will be paid to the owner, if living, otherwise to the estate of the last survivor of the owner and the beneficiaries.

Signature

I understand that if this request for conversion is accepted:

1. The suicide and incontestability periods for the new policy will begin on its Issue Date for any additional or new benefits that I request and for which Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, requires evidence of insurability.
2. Otherwise, the suicide and incontestability periods in the new policy will be the same as in the policy being converted.
3. The application for the converted policy, plus this request for conversion and any evidence of insurability that I provide, will become part of any new policy.

Owner's Signature X	Witness' Signature X
Signed at	Date

If policy has been assigned, signature of Assignee is necessary

Assignee's Signature X	Witness' Signature X
Signed at	Date

Corrections and Amendments

For Company Use Only

Sun Life Assurance Company of Canada agrees to the above request subject to the following change:

Effective Date of Change	Total Premium (from next regular premium due date) \$
Payable <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> PAC <input type="checkbox"/> List Bill <input type="checkbox"/> Other	