

Sun Life Assurance Company of Canada

Request for Service

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

1

Please PRINT clearly.

Please enter all information as requested within each box.

Insured Name (first, middle initial, last)	Social Security Number
Owner Name (first, middle initial, last)	Policy/Certificate Number
Employer Name	Employer ID Number

2 Address Change

If changing the address for two or more individuals to the same address, check all appropriate boxes.

Address change for: Insured Owner Payer Secondary Addressee

Name		
Street Address		
City	State	Zip Code
Day Phone Number	Evening Phone Number	

3 Name Change

To change the name of a Beneficiary or Assignee, use the beneficiary and assignment forms.

Please sign this form in Section 8 using your new name.

Change name of: Insured Owner Payer Secondary Addressee

From (Former Name)	To (New Name)
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Reason for Change: Marriage Divorce or resumption of former name
 Other:

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4 Loan

Check "Partial loan amount" if you wish to specify an amount and do not wish to take a maximum loan.

(Any loan against the contract will reduce the death benefit and could cause your contract to terminate prematurely.)

Maximum loan amount available

Partial loan amount:

\$



5 Reduction In Benefits

Please call our Customer Service Department regarding minimum face amounts and adjustments in premiums.

Reduce face amount to (may be subject to company imposed surrender penalties):

\$

Change Planned Periodic Premium for reduced face amount (see #4)

Cancel Accidental Death Rider

Cancel Waiver Provision

Cancel Children's Term Rider

Other:

6 Surrender of Policy/Certificate

See General Notice on Page 4 for details; proceeds may be subject to federal and state income tax.

Total Surrender (may be subject to company imposed surrender penalties)*

\$

*I Do *Do Not wish to have Federal Income Tax withheld from my proceeds.

Partial Surrender (may be subject to company imposed surrender penalties)*

\$

Please complete and sign the attached Partial Cash Surrender form.

7 Other Changes/Comments

Complete this section to indicate any other contractual changes not covered elsewhere in this form except:

- to change a Beneficiary or Assignee, use the beneficiary and assignment forms, or
- to transfer Ownership, use the ownership change request.

8 Signatures

Please refer to the signature instructions on Page 4 of this form.

I understand and agree that the above change(s) shall be subject to all terms and conditions of the Contract.

Signatures Required. The current owner must sign for any change.

Policy/Certificate Owner X	Date (m/d/y)
Irrevocable Beneficiary/Assignee's Representative X	Date (m/d/y)

9 Premium/Billing Changes

If selecting pre-authorized checking, complete the authorization below and attach a *voided* check.

Premium/Billing Changes to billing method or premium amount:

New Premium Mode: Pre-authorized deductions from checking Direct Bill

New Premium Frequency: Quarterly Semi-annually Annually

Change Planned Periodic Payment to:

\$

10 Authorization for Deductions from Checking

Complete and sign this section only if you selected pre-authorized deductions from your checking account.

I hereby authorize Sun Life Assurance Company of Canada to initiate premium deductions from my checking account. My bank is authorized to honor these drafts as if each were signed by me. This authorization shall remain in effect until revoked by me in writing and until my bank shall have received such notice. I agree that my bank shall be fully protected in honoring such draft. In order to stop payment I must notify my bank in writing at least three (3) business days prior to the scheduled payment date. I agree that if any such check be dishonored whether with or without cause, my bank shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Name of Bank	Account Number	Draft Day
Bank Address		
City	State	Zip Code
Signature of Depositor X		Date (m/d/y)
Combine with Policy/Certificate Number		

Attached **“VOID”**
Sample Check

11 Increase in Benefits

Please complete and sign the attached application forms.

An increase in benefits is not guaranteed and is subject to underwriting approval.

Change Smoker Status: (see attached non-tobacco questionnaire)

Add Rider

Increase Face Amount

12 Request Duplicate Policy/Certificate

Complete this section if original Policy/Certificate was lost.

Please send me a Confirmation of Insurance Coverage at no charge.

Please send me a complete Duplicate Policy/Certificate
(Please enclose \$25.00 handling fee with request.)

Signature Requirements

The Owner's signature is required for all contractual changes. The Insured's signature is required on an application for increased coverage or change in smoker status if he or she is other than the Owner and is not a minor. An irrevocable beneficiary's signature and assignee's signature are required for items 4 through 7. Always provide the date you signed the form.

If the Owner resides in the Community Property States of Texas, Louisiana, Arizona, New Mexico, Nevada, California, Washington, Idaho or Puerto Rico, Argentina, Venezuela, the Dominican Republic, or the Philippines, we recommend that the Owner's spouse join in signing any form affecting contract provisions and benefits. This is for the protection of both parties.

General Notice

In the event your policy/certificate is a Modified Endowment Contract (MEC), amounts received (including loans, assignments and/or pledges) prior to the death of the Insured may be fully taxable, and before the owner is age 59^{1/2}, subject to a 10% tax penalty. Under the Technical and Miscellaneous Revenue Act of 1988 (TAMRA), a life insurance contract becomes a MEC when actual premiums paid exceed a specified 7-pay premium limit or when certain changes are made to policy benefits.

Sun Life Assurance Company of Canada does not offer tax or legal advice. Because tax laws are subject to change and different interpretations, we recommend that you seek counsel from a qualified tax advisor.