

Sun Life Assurance Company of Canada

Waiver & Release of All Community Property Rights

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

Please PRINT clearly.

Policy/Certificate Number	Insured
Owner	

I hereby waive and release all community rights I may now have or may hereafter acquire in the above Policy/Certificate issued by Sun Life Assurance Company of Canada (the Company) and I authorize Sun Life Assurance Company of Canada to deal with this Policy/Certificate as the separate property of the Owner.

- Any interest I may have as a designated beneficiary of the Policy/Certificate is not affected by this waiver.
- I hereby acknowledge that a copy of this instrument has been delivered to me.

The Company assumes no responsibility for the validity or legality of the foregoing waiver and release.

Signature of Spouse (or Former Spouse) X	Date (m/d/y)
Witness X	
Address	

Sign Here for the Above Request(s) X

Name (first, middle initial, last)

agrees that, if the Policy/Certificate requires endorsement or amendment for the above requested change(s), recording and mailing a copy of this form will constitute such endorsement or amendment.

Owner X	Date (m/d/y)
Witness X	

Recorded and filed at the Administrative Office of Sun Life Assurance Company of Canada.

Dated at Keene, NH

Date (m/d/y)	By X
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Signature Requirements

1. Please sign in ink. (Pencil signatures cannot be accepted.)
2. 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.
3. Signatures must be witnessed by a disinterested party of legal age.