

# Assignment of policy (collateral) – (uniform provinces)



Important: You must initial any corrections to the form.

## 1. Information about the owner of the policy

|                                 |                              |                |                             |                            |
|---------------------------------|------------------------------|----------------|-----------------------------|----------------------------|
| First name                      | Middle initial               | Last name      | Date of birth (dd-mm-yyyy)  | Telephone number           |
| Policy number (assigned policy) | First name of insured person | Middle initial | Last name of insured person | Date of birth (dd-mm-yyyy) |

## 2. Information about the collateral assignee

|                                  |                  |          |             |                           |
|----------------------------------|------------------|----------|-------------|---------------------------|
| Name                             | Telephone number |          |             |                           |
| Address (street number and name) | City             | Province | Postal code | Relationship to the owner |

## 3. If this policy is a permanent life plan, a universal life plan or a non-registered accumulation annuity, please complete the applicable boxes below.

Collateral assignee is an individual

|            |                            |
|------------|----------------------------|
| Occupation | Date of birth (dd-mm-yyyy) |
|------------|----------------------------|

Collateral assignee is an entity

|                           |                                     |   |
|---------------------------|-------------------------------------|---|
| Principal business        | Bank transit number (if applicable) |   |
| Province of incorporation | Country of incorporation            | Corporate registration number (if applicable) |

## 4. If unable to obtain any required information for any collateral assignee, please give details as to why below:

|  |
|--|
|  |
|--|

## 5. Notice to Sun Life Assurance Company of Canada (“Sun Life Financial”)

Please assign my policy as security for indebtedness. I transfer all my rights and interests and any premium fund in the policy, to the collateral assignee named above.

## 6. Signature of the irrevocable beneficiary (if applicable)

|                  |                      |
|------------------|----------------------|
| X                | Date (dd-mm-yyyy)    |
| Signed at (city) | Signed at (province) |

## 7. Signature of the collateral assignee (If a corporation is signing, an authorized officer must sign and indicate their name and title)

|                                       |                                      |                          |                      |
|---------------------------------------|--------------------------------------|--------------------------|----------------------|
| Signature of signing officer          | Date (dd-mm-yyyy)                    | Signed at (city)         | Signed at (province) |
| X                                     | – –                                  |                          |                      |
| First name of signing officer (PRINT) | Last name of signing officer (PRINT) | Title of signing officer |                      |

## 8. By signing below I, the policy owner, confirm that:

- This form suits my needs. I’ve had the opportunity to consult my legal advisor.
- Sun Life Assurance Company of Canada is not responsible for the effect of this assignment.

## Sign and date here:

Note: For multiple owners, all owners must sign. If the owner is a company, include the signing officer’s name and title.

|                                      |                     |                      |  |
|--------------------------------------|---------------------|----------------------|--|
| Signature of the owner of the policy |                     |                      |  |
| X                                    |                     |                      |  |
| Date (dd-mm-yyyy)                    | Signed at (city)    | Signed at (province) |  |
| – –                                  |                     |                      |  |
| Advisor’s name                       | Advisor’s ID number |                      |  |

## Return to:

Sun Life Assurance Company of  
Canada  
227 King Street South  
P.O. Box 1601 STN Waterloo  
Waterloo, ON N2J 4C5