

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)
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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:

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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