Telephone access for client inquiries or transactions change form



1.	Inform	ation	about	the	policy	owner /
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First name of policy owner	Middle name	Last name		Policy no.					
Address		,	C	iity					
Province		Postal code	Postal code Country						
2. Choose one of the following options:									
☐ Telephone access not perm	itted for client inquiries	or transactions							
Sun Life Assurance Company of Canada will only release information or process transactions on your policies when we have received your written request. If you contact Sun Life Financial using the telephone we will not release information to you or conduct transactions for you.									
☐ Telephone access permitted	l for client inquiries or tr	ransactions							
Sun Life Financial is permitted and will release information or process transactions on your policies when we receive your request, either in writing or over the telephone.									
3. Please sign here to confirm y	your direction to either	permit or restrict the re	lease of informat	tion or process transactions if					
you contact us by telephone		•		1					
Signature of the owner of the policy									
X									
Date (yyyy-mm-dd)		Signed at (city)	Signed	Signed at (province)					

Please return the signed form to:

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