

Release of interest of assignee (uniform provinces)



Important: You must initial any corrections to the form.

1. List the policy numbers you are releasing your interest in

Policy number(s)

2. Information about the owner of the policy

First name	Last name
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3. Information about the insured person

First name	Last name
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4. Information about the assignee

Name		Telephone number — —	
Address (number and street)		Apartment or suite	
City	Province	Postal Code	Bank transit number (where applicable)

5. By signing below, I confirm that:

- I release all my rights and interests in the policy to the policy owner. If the policy is being replaced, this release takes effect the same day the replacing policy comes into effect.
- Sun Life Assurance Company of Canada is not responsible for the effect of this release.

Sign and date here:

Note: If a corporation is signing, its authorized officers must sign and indicate their name(s) and title(s).

Signature of the assignee releasing their interest X		
Name of signing officer (Print name)		Title of signing officer
Signed at (City)	Signed at (Province)	Date (dd-mm-yyyy) — —

Return to:

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