

Successor annuitant change form

Note: Use for non-registered Superflex policies only.

Important: You must initial any corrections to the form.

1. Policy number

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2. Information about the owner of the policy

First name	Middle name	Surname	Date of birth (yyyy-mm-dd)	Phone number
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3. Information about the annuitant

First name	Middle name	Surname	Date of birth (yyyy-mm-dd)

4. Information about the successor annuitant

First name	Middle name	Surname	Date of birth (yyyy-mm-dd)

5. Signature of the irrevocable beneficiary (if applicable)

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

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

- The successor annuitant will become the annuitant upon the death of the annuitant, if still alive at that time, in which case the contract will continue and no death benefit will be payable. The successor annuitant appointment may be revoked or changed while the annuitant is alive.
- Sun Life Assurance Company of Canada is not responsible for the effect of this appointment.

Sign and date here:

Note: For multiple owners, all owners must sign this form. If the owner is a company, include the signing officers' names and titles.

Signature of the owner of the policy X		
Date (yyyy-mm-dd)	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