



Application for Sun Global Solis Indexed Universal Life Insurance Policy – Sun Life Master Insurance Trust Ownership



Sun Life Assurance Company of Canada, Washington House, 3rd Floor, 16 Church Street, Hamilton, HM 11, Bermuda
Tel: 441-294-6060

Please consult the "Instructions for Identity Documentation" guide for additional guidance on the required documentation that **must** be submitted with this form.

Note: This form must be accompanied by a completed Trust Application – Request to Establish Sub-Trust pursuant to the Sun Life Assurance Company of Canada Master Trust form.

Please **PRINT** clearly.

SECTION 1: OWNER

1.a Name of Proposed Owner

Ocorian Services (Bermuda) Limited as Trustee of Sub-Trust under Sun Life Master Insurance Trust

1.b Trust Situs

The Sub-Trust and Master Trust are established under and subject exclusively to the laws of Bermuda

1.c Permanent Registered Street Address

Victoria Place, 5th Floor
31 Victoria Street
Hamilton, Bermuda HM10

SECTION 2: POLICY CORRESPONDENCE MAILING INSTRUCTIONS

The Company will send Policy statements, confirmations, and other written communications and information (collectively, "correspondence") to the Trust Participant. Please provide the Trust Participant's address here:

Trust Participant Name

Trust Participant Mailing Address

City	State/Province	Country	Postal Code
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If "To the Attention of" or "In care of," please provide the name of the Individual or Company that will receive the correspondence

I understand and agree that the Company is not responsible for any loss or damages arising from the foregoing instructions concerning correspondence pertaining to the Policy, whether transmitted by regular mail, courier, or electronic transmission. I further acknowledge that the Company reserves the right to send correspondence concerning the Policy directly to the Trust Participant in its sole discretion.

SECTION 3: INSURED

Insured Name (as you wish it to appear on future documents)

SECTION 4: SPECIFIED FACE AMOUNT

4.a Specified Face Amount Applied For

US \$

4.b Purpose of insurance

- Personal insurance (for family needs)
- Key man insurance/business succession
- Other: _____

SECTION 5: PLANNED ACTIVITIES

Please provide an indication of expected access to the cash values in the form of Partial Surrenders or loan request(s):

- No, the Trust Participant is not expected to access the Cash Surrender Value
- Yes, the Trust Participant plans to access the Cash Surrender Values. If yes, complete the below.

The completion of this section is only indicative of the Trust Participant's future plan. The provisions of the Policy govern the availability of any Partial Surrender and/or loan. All Surrenders and Loans are subject to the terms of any Assignment, if applicable.

Expected Surrender/Loan Amount US \$	Starting when? (Month/Year)	Frequency (e.g., one time/every year starting year XXXX)
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SECTION 6: PREMIUM PAYMENTS

Planned First Year Premium Amount


US \$

If a portion of the Initial Premium is financed through a Bank loan, **please provide the estimated % that will be Premium financed** (otherwise indicate 0%)
_____ %

Planned Periodic Premium Amount

US \$

Number of Planned Periodic Premiums: ____ Years

 This amount must be the same as the amount shown on the signed sales illustration. Please attach the illustration.

- Check this box if you would like your case backdated to save age. Please be aware that we do not allow backdating beyond 6 months. If you elect to backdate the Policy, charges will be effected beginning on the requested Policy Effective Date, but interest will only be credited beginning from the Policy Issue Date.

SECTION 7: PREMIUM ALLOCATION / DOLLAR COST AVERAGING (DCA)

7.a Premium allocation instructions between the Indexed Account must total 100% and be stated in whole percentages. This Premium allocation will remain in effect for all future Premiums until we receive a new request from you to change your Premium allocation instructions.

PLEASE NOTE

All Premiums allocated to the Indexed Account will be held in the Holding Account before being applied to the Indexed Account on the 15th of each month.

	% (must equal 100%)
Conservative	
Balanced	
Ultimate	

SECTION 7: PREMIUM ALLOCATION / DOLLAR COST AVERAGING (DCA) (continued)

7.b Dollar Cost Averaging – please note that you must select one of the two options below.

(i) Dollar Cost Averaging (DCA) Transfer – If you wish to allocate the Premiums (net of Premium expense charges) to the Indexed Account, in monthly installments over a twelve month period, please select Initiate Dollar Cost Averaging Transfer below. This DCA program will remain in effect for all future Premiums until we receive a request from you to cancel this program. If canceled, you must provide us with instruction as to allocation of the remaining balance of the DCA value.

Initiate Dollar Cost Averaging Transfer

(ii) No Dollar Cost Averaging Transfer – If this option is selected, any Premiums allocated to the Indexed Account in Section 7.a above will each create one Indexed Segment (instead of creating separate Indexed Segments over twelve months).

Do not initiate the Dollar Cost Averaging Transfer

SECTION 8: PREMIUM PAYOR(S)

Provide information on the Financial Institution and account in which funds for Premium payment are on deposit.

**PLEASE
NOTE**

If the Premium Payor is not the Proposed Trust Participant named in Section 1, please submit a separate Declaration form (Corporate, Trustee, or Individual version) and provide identity documentation for the Premium Payor(s). If the Premium is being paid from an individual account that is jointly held, a separate Declaration of Individual form and identification documents are required for all joint account holders.

Payor 1

Name of Bank Account holders	
Name of Financial Institution	Account Number
City where Financial Institution is located	Country where Financial Institutional is located

Payor 2

Name of Bank Account holders	
Name of Financial Institution	Account Number
City where Financial Institution is located	Country where Financial Institutional is located

Additional Notes

SECTION 9: POLICY BENEFICIARY

The designated Policy Beneficiary is Ocorian Services (Bermuda) Limited in its capacity as the Trustee of the Sub-Trust _____ [insert Policy Number]. This form must be accompanied by a completed Trust Application – Request to Establish Sub-Trust pursuant to the Sun Life Assurance Company of Canada Master Trust form, pursuant to which Sub-Trust beneficiary designations are made.

Relationship to Life Insured: Trustee

SECTION 10: REPRESENTATIONS AND SIGNATURES

I/we certify that:

- A. I/we understand and agree that any life insurance coverage provided by Sun Life Assurance Company of Canada (“the Company”) based on the information contained herein will not become effective until and unless (a) the Policy is issued during the lifetime of the proposed insured, (b) the annual Premium is received in good order by the life insurance company, and (c) the statements made in the Information Disclosure and Authorization form and Medical Questionnaire remain complete and true as of the date the Policy is delivered;
- B. No Premium or other consideration has been paid with this application;
- C. I/we understand and agree that this application, completed Information Disclosure Agreement and Authorization form, and completed medical examination questionnaire (if one was required by the Company), shall be a part of any Policy issued by the Company;
- D. This application and any accompanying information, including the Information Disclosure and Authorization form and other required documentation, are accurate and true to the best of my/our knowledge and belief, and the undersigned has/have the authority to sign this application and all related documents;
- E. I/we understand and agree that the Policy will be issued in and governed by the laws of Bermuda and that the Policy form has not been filed in any state of the United States and may not be offered, sold, transferred, or delivered, directly or indirectly, in the United States or to U.S. Persons (a citizen or resident of the U.S.; any corporation, partnership, or other business entity created or organized under the laws of the United States or any political subdivision thereof; or any trust, including a foreign trust, if a court within the U.S. is able to exercise primary supervision over the administration of the trust, and one or more U.S. persons have the authority to control all substantial decisions of the trust; and any other person determined to be a U.S. Person in accordance with the U.S. Internal Revenue Code and applicable U.S. Treasury Regulations) or to residents of Bermuda or Canada. I/we further understand that Sun Life reserves the discretion to apply additional conditions and eligibility rules, or to modify or waive the same, including, but not limited to, the discretion to consider and accept cases involving non-resident U.S. citizens and other categories of non-resident U.S. Persons;
- F. I/we understand that Sun Life makes no representations about the tax treatment of the Policy or any benefits paid thereunder. Without limiting the foregoing, I/we understand that the Policy will not comply with the U.S. tax definition of life insurance. It is strongly recommended that prospective Owners/Participants/Trust Participants consult their own tax and professional advisers before submitting an Application.
- G. I/we understand that certain foreign jurisdictions may impose a tax based on the citizenship or residency of the insured or policy owner. This tax may be assessed against the policy owner, the insured, and/or the insurer, for example as a percentage of premium paid. By way of example, but not of limitation, section 4371(2) of the U.S. Internal Revenue Code imposes a 1% excise tax in respect of foreign life insurance covering the life of a U.S. risk. The Trust Participant agrees to report and remit any such applicable tax(es) to the relevant taxing authority in a timely manner, failing which the Trust Participant agrees to fully indemnify and reimburse the Company from and against all such taxes.
- H. To the best of my/our knowledge, any funds to be used for any payment of Premium are not the proceeds of crime and are not intended to facilitate terrorist activities;
- I. I/we confirm I/we are not acting on behalf of or at the direction of an undisclosed third-party, or an identity verification form as prescribed by the Company is submitted herewith;
- J. This application shall be construed in accordance with Bermuda law and the courts of Bermuda shall have exclusive jurisdiction with respect to any and all issues and disputes arising in connection with it.

I/we hereby represent and warrant that the information contained herein is true and complete and may be relied upon as the basis for underwriting the application.

By signing this application below, the undersigned hereby acknowledges and agrees that to the extent required or permitted by laws or regulations applicable to the Company or its corporate parent(s), subsidiaries, or affiliates, the Policy and any person’s interest therein may be reported to tax and regulatory authorities in Bermuda or other applicable jurisdictions.

By signing below, the undersigned acknowledges Sun Life Assurance Company of Canada (“Sun Life”) will collect, use, and may disclose personal information for the following purposes: (a) to process and evaluate an application, transaction, or request related to life insurance, annuity, investment account, or other product or service we may offer (any of which referred to here for convenience as “your policy”), (b) to underwrite an application for your policy, (c) to administer claims and determine or fulfill responsibility for coverage and provision of benefits, (d) to administer coverage, benefits, and other features provided by your policy, (e) to obtain reinsurance, or (f) for any other legally permissible purpose related to your policy provided by Sun Life. The undersigned hereby consents to the collection, use, and disclosure of his or her personal information by Sun Life for the purposes described above.

Sun Life may disclose your personal information to reinsurers, affiliates, third-party service providers and agents of Sun Life who may be engaged to assist with the administration of your policy, to carry out the above purposes, to professional advisors, and otherwise as may be required or permitted by applicable law and Sun Life’s privacy statement, which is located at <https://www.sunlife.com/PSLF/bermuda>.

Any individual signing below on behalf of an entity or a trust represents and warrants that he or she has full authority to do so and is fully authorized to provide personal information about any individual(s) identified above or attached to or included with this package of documents who are associated with the entity or the trust, including any Director, CEO, Partner, Payor, Controlling Person, Settlor, Underlying Beneficial Owner, or Beneficiary.

Trustee	
Ocorian Services (Bermuda) Limited as Trustee of Sub-Trust No. _____ [TBC]	
Print Name and Title	
Signature	Date (dd/mm/yyyy)
X	

SECTION 11: FINANCIAL REPRESENTATIVE REPORT

Proposed Insured Name

Trust Participant Name

Financial Representative Name

Distributor Firm Name

In submitting this Application to Sun Life, the undersigned Financial Representative certifies that (1) he/she has assisted the Proposed Life Insured, and the Trust Participant as applicable, in understanding the benefits, features, and costs of the life insurance product being applied for through this Application; (2) the questions and information elicited from the Proposed Life Insured, and the Trust Participant as applicable, have been correctly presented and recorded in this Application and accompanying documents; and (3) the submitted information is complete and true to the best of my knowledge and belief.

Signature of Financial Representative

X

Date (dd/mm/yyyy)

GUIDELINES

A third-party is an individual or entity involved with the Policy but who is not the Owner nor the Insured. This includes individuals or entities providing funds for the Policy and/or have the use of, or access to, the Policy value, or any other party having control over or providing instructions to the Owner. A third-party legal entity or natural person would need to complete the same set of forms outlined above, and attach the required documents, based on its own legal entity structure (corporation, trust, partnership, individual, etc).

Examples of a third-party include but are not limited to:

- Payor
- Power of Attorney
- Guardian of a Minor
- Irrevocable Beneficiary

For more information visit www.sunlife.com/international