

Sun Global Series – Request for Loan, Partial or Full Cash Surrender



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

Please **PRINT** clearly.

1. POLICY/CERTIFICATE IDENTIFICATION

Insured Name	Policy/Certificate Number
Owner/Participant Name	

Is the **Owner/Participant**, any **Controlling Person** (e.g. director(s), trustee(s)), or any **Beneficial Owner** (e.g. shareholders, settlors) known by any former name, maiden name, or alias? Yes No
If "Yes," please provide the person's legal name and all other names by which the person is known.

Print legal name	Former name/Maiden name/Alias

With reference to the above numbered Policy/Certificate issued by Sun Life Assurance Company of Canada, I, as the Owner/Participant or Authorized Signatory thereof, request a loan, partial or full cash surrender, subject to availability, as specified below.

Disbursements from the Policy/Certificate will be wired directly to a bank account registered to the Owner/Participant.

2. REQUEST FOR LOAN

Specified Amount in U.S. dollars

NOTE: Please refer to your Policy/Certificate for important information about loans, interest charges, and the impact on your Policy/Certificate Account Value. When the Death Benefit becomes due, the balance of any outstanding loans and accrued interest on such loans will be deducted from the Death Benefit and applied to repay such balance.

3. REQUEST FOR PARTIAL CASH SURRENDER

Specified Amount in U.S. dollars

Reason for your **partial cash surrender**. Please be specific when providing the reason to assist with the prompt processing of your request.

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NOTE: Partial cash surrenders may be subject to surrender charges; please refer to your Policy/Certificate for important information about that. The Death Benefit will be reduced by the amount of any partial cash surrender. The Specified Face Amount remaining in force must be no lower than the minimum amount specified in the Policy/Certificate.

4. REQUEST FOR FULL CASH SURRENDER

I/we authorize Sun Life of Canada to fully surrender the above referenced Policy/Certificate.

Reason for your **full surrender**. Please be specific when providing the reason to assist with the prompt processing of your request.

5. BENEFICIARY INSTRUCTIONS TO WIRE PROCEEDS

We require bank information to send a wire payment; please provide the wire instructions using this form or check the box below and provide a Letter of Direction from the beneficiary bank containing the same information.

Wire instruction Letter of Direction attached

a. **Are these surrender proceeds being used to fund a new policy with Sun Life?** Yes No

**PLEASE
NOTE**

Name on Bank Account detail provided below must **match exactly** to how the Bank Account is registered. Bank Account **must be held** in the name of the Policy Owner/Participant to whom policy surrender, loan or other proceeds will be paid.

If the name on the Bank Account does not match Policy Owner/Participant name on record, or if you are providing third-party or joint bank account information, then you must state the reason here—and as explained below such request may be accepted or declined by us at our discretion:

Please also refer to the [CDD Guidelines](#) for necessary identification and other details required of any such third-party or joint account holder.

Sun Life reserves the discretion to require additional details if the name does not match or if you have requested payment to a third-party or joint bank account; **we also reserve the right to accept or decline any such request at our discretion**. In all events, any request to make payment to an account that does not match the Policy Owner/Participant name, or to a third-party bank account, or to a jointly held bank account, will be solely at the risk of the Policy Owner/Participant and Sun Life shall bear no responsibility or liability if the recipient, third-party, or joint account holder obtains or retains the funds.

Bank Name
Bank Address
Bank Routing Information (ABA or Swift Code)
Account Name (exactly as it appears on the Bank Account)
Account Number (IBAN)
Account Address

5. BENEFICIARY INSTRUCTIONS TO WIRE PROCEEDS (continued)

b. Intermediary Bank Information (This is a financial institution that the wire must pass through before reaching the final Beneficiary bank.)

Intermediary ABA Code and or Swift
Intermediary Bank Name
Intermediary Bank Address, Branch, City, State, Country

c. Additional Information (e.g. For Further Credit or Payment Reference)

(Optional and not required for all wires. This is in reference to any further payment relevant information e.g. for Further Credit to.)

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Complete Section 6 if the disbursement is paid to a Trust*, otherwise proceed to Section 7.

6. KNOWN BENEFICIARIES OF A TRUST

Below please list the known beneficiaries of the trust and indicate whether any will receive proceeds from this transaction. For each Beneficiary that will receive proceeds from this transaction, please provide a certified true copy of a government-issued identification document and Proof of Residential Address documents.

If no Known Beneficiary will be receiving proceeds from this transaction, please indicate this by checking this box:

Name of Known Beneficiary #1		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (dd/mm/yyyy)	Relationship to the insured
Name of Known Beneficiary #2		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (dd/mm/yyyy)	Relationship to the insured
Name of Known Beneficiary #3		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (dd/mm/yyyy)	Relationship to the insured

*If the Trust is not the current Owner/Participant please complete the [Declaration of Trustee form](#).

7. FURTHER INSTRUCTIONS

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8. SIGNATURE

To be signed by the Owner/Participant or Authorized Signatory exactly as shown on the Policy/Certificate application or accompanying list of Authorized Signatories.

If the Assignee is requesting a surrender and the Assignee has the sole right to surrender the Policy/Certificate under the terms of the collateral assignment, then the Owner/Participant's signature is not required.

If the Policy/Certificate is assigned as collateral, the Assignee must authorize any request for a loan or surrender. Attach current list of Authorized Signatories. I/we acknowledge that in accordance with applicable regulations, Sun Life may require a complete set of **updated Client Due Diligence information and/or documentation** from the Clients (i.e. the Owner/Participant and premium payor), and in certain cases, include verification of payment transaction (source of funds) and verification of source of wealth documents. The term "Client" includes entities and natural persons who act as Controlling Persons or are Beneficial Owners within an entity structure.

I/we agree that Sun Life will not process this service request until all information and any requested updated client documentation is received in good order to be considered for processing.

For purpose of complying with the Agreement between the Government of the United States of America and the Government of Bermuda for the Cooperation to Facilitate the Implementation of FATCA ("U.S. FATCA"), the Agreement between the Government of the United Kingdom of Great Britain and Northern Ireland and the Government of Bermuda to Improve International Tax Compliance OECD Common Reporting Standard ("CRS"), if a U.S. FATCA, OECD CRS Entity or Individual Self-Certification has not previously been provided, one must be completed together with this request.

Service requests that may affect the value or ownership of a Policy/Certificate with an Irrevocable Beneficiary designation must be signed by the Irrevocable Beneficiary.

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.

If you are signing this form as a fiduciary for the Participant (power of attorney, trustee, guardian, custodian, etc.), you must also indicate your fiduciary capacity. We will need your authorizing documents to process this request. If we do not have them on file, please attach them to this form.

If signatures do not match those on file, please disclose the reason as to why the signatures no longer match.

Owner/Participant Signature X	Date (dd/mm/yyyy)
Fiduciary Capacity (power of attorney, trustee, guardian, custodian, etc), if applicable	

8. SIGNATURE (continued)

By signing below, I attest to personally witnessing the signature of the authorized signor.

Servicing Broker's Signature (or Representative from Servicing Distributor) X		Date (dd/mm/yyyy)
Print Name	Title	
Servicing Distributor Name		

Assignee Name	
Assignee Signature X	Date (dd/mm/yyyy)
Irrevocable Beneficiary (if applicable) Signature X	Date (dd/mm/yyyy)