

Employee's Kit for
Group Life Conversion

Life Insurance

Options

*Solutions for employees
making a career transition*



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How to Use This Kit

Before you begin, you must have a Notice of Group Life Conversion from your employer. Your employer is required to complete the Employer section of the notice and supply it to you.

If you are an eligible employee or dependent, you may apply to convert your Group Life insurance coverage to an Individual Life policy. You need one kit for each person who is applying for conversion. Ask your employer for extra kits if you need them.

To use this kit, follow these simple steps:

1. Read through the entire kit before you fill anything out. Note that instructions come before each form.
2. Complete the forms before you remove them from this kit.
3. After you have completed the forms, carefully remove them along the perforations.
4. Write out a check for the first premium payment for the coverage you are applying to convert. If you are applying to convert multiple coverages, you may write one check for all the first premium payments.
5. Mail the forms and your check in the pre-addressed envelope (if available) or mail to the address on page 17.

Important

Sun Life Assurance Company of Canada must receive all forms and first payment within 31 days of the employee's date of termination or reduction in coverage.

Questions about Conversion? Call our Customer Service Center at **1-800-247-6875**.

Introduction to Group Life Conversion

If you're leaving a job, or you've reached the age at which Group Life insurance coverage from your employer may be reduced or eliminated, how do you maintain the protection that life insurance offers?

Many people don't realize that they may be eligible to convert their Group coverage to an **individual** policy and keep the same level of coverage, even after they've left their job or reached a certain age.

It's called **Group Life Conversion**, and it's available to you if your employer or plan administrator has a Sun Life Assurance Company of Canada Group Life policy.

No need to provide additional medical information

If you're eligible under the terms of the group policy, you have the option of converting to a Sun Life Assurance Company of Canada Individual Life policy without having to provide any additional medical information. To take advantage of this conversion privilege, read on.

Easy to apply . . . with help along with way

Just send Sun Life Assurance Company of Canada the following items **within 31 days** of your date of loss of coverage:

- **A completed Notice of Group Life Conversion form:** Your employer or plan administrator must fill this out and provide it to you. If they haven't, ask your employer to do so. Do not use the kit until you have this completed form.
- **Copies of your fully completed enrollment form(s):** Ask your employer/plan administrator for these forms.
- **A completed Application for Individual Life Insurance - Group Conversion:** Find the Application on page 5 of this kit.
- **A completed IRS Form W-9:** Find the form on page 9 of this kit.
- **A check for the payment of premium:** Make the check out to Sun Life Assurance Company of Canada. If you choose **Automatic Monthly Payment**, you must complete a **Bank Authorization form** (on page 15) and provide a voided check or deposit slip.

Amounts eligible to convert

You can elect an amount up to, but not more than, the amount of life insurance terminated due to any of the following reasons:

- Termination of employment
- Termination of membership in an eligible class
- Reduction of coverage due to policy age provisions
- Retirement

The minimum coverage amount is \$10,000 unless the amount of coverage under the group policy was less than \$10,000. In that case, you must convert the full amount you were covered for under the group policy.

If the group policy terminates or the life insurance benefit terminates, you may be eligible to convert up to the conversion amount specified in the group policy if the policyholder is not transferring the insurance to a new carrier.

Dependent coverage

Dependent Life coverage also may be available for conversion, within 31 days of the date of loss of coverage, to a Sun Life Assurance Company of Canada Individual Life policy. You will need to complete a separate set of forms for each dependent. Ask your employer/plan administrator for more information about converting dependents' coverage.

If you are disabled

If you are disabled due to illness or injury, check with your plan administrator for other options—in addition to Group Conversion—that may be available to you.

How to Complete the Application for Individual Life Insurance – Group Conversion

Here are some things to keep in mind when completing the application on page 5.

Section 1

- **Date of Birth:** Write in the month, day and year you were born. Note: Your “age at issue” will be your age on either your next birthday, or your last birthday–whichever is nearest the due date of the first regular premium.
- **Your Address:** Provide your complete address. All correspondence from Sun Life Assurance Company of Canada will be sent to this address, unless otherwise specified in Section 4 of the application.

Section 2 – Policy Information

- Fill out all of the information about your policy. HINT: Most of the information requested in Section 2 can be found on the **Notice of Group Life Conversion** provided by your employer.
- **Dividends to Be Applied:** Choose one of the four options. See page 13 of this kit for more information about each option.
- **Premium Interval:** From the **Notice of Group Life Conversion**, enter Annual, Semi-Annual or Monthly. If you choose Monthly payments, please complete the Bank Authorization form on page 15 of this Kit.
- **Non-Forfeiture Benefit:** See page 13 of this Kit for important information about these options.

Section 3 – Beneficiary Information

- Enter the name of the primary and secondary beneficiaries along with their relationship to you and the percent share of proceeds each would receive in the event of your death. Be sure to read and understand the descriptions of how beneficiaries are paid.

Section 4 (Optional)

- **Initial Owner:** Enter the name and address of the person who will own the policy on the proposed insured’s life, if other than the proposed insured.

Section 5 – Acknowledgment and Signature

- **Amount:** Enter the amount of premium to accompany the application. This information was calculated from the payment option table on the **Notice of Group Life Conversion** form. Please make out your check for the same amount, payable to **Sun Life Assurance Company of Canada**. Payment in full of the first premium must accompany the application.
- **Signature:** Please read the acknowledgment. Then, sign and date the application. If the policy will be owned by someone other than yourself, you must sign on the Signature of Proposed Owner Insured (If Not Also Applicant) line. The owner should then sign the Signature of Applicant line.

Sun Life Assurance Company of Canada

Application for Individual Life Insurance – Group Conversion



Please PRINT clearly in dark ink.

Complete sections 1 through 3 and section 5, read the acknowledgment, and sign and date the form. Only complete section 4 if you wish to designate an initial or contingent owner of the policy other than the proposed insured.

Section 1

Name (Last, First, MI)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Place of Birth
Address (Street and Number)		Social Security Number	
City	State	Zip Code	

Section 2 Policy Information

Name of Group Policyholder (i.e. Your Employer or Plan Administrator)		Policy Number
Amt. of Coverage Lost	Amt. of Coverage Requested	Special Instructions (if any)

Dividends are to be Applied

- As addition to policy To reduce premiums In cash To accumulate at interest

Premium Interval

- Annual
 Semi-Annual
 Monthly (pre-authorized check only)

Non-Forfeiture Benefit

- Automatic Extended Term
 Automatic Premium Loan
 Reduced Paid Up

Check one and indicate the date this change became effective.

Reason for Application

- Termination of employment Disability
 Reduction of coverage Termination of policy
 No longer eligible for coverage Amendment to policy

Effective date _____

Section 3 Beneficiary Designation

Under Primary Beneficiaries, list the individual(s) who should receive Life Insurance proceeds in the event of your death.

**Total (for both Primary and Secondary) must equal 100%.

If you name more than one beneficiary (under Primary or Secondary), please indicate percentage share of benefits each person will receive.

Primary Beneficiary(ies)	Relationship to Proposed Insured	Percent Share of Proceeds**
1.		%
2.		%

Under Secondary Beneficiaries, list the individual(s) who should receive proceeds only if ALL of your Primary Beneficiaries are not living at the time of your death.

If you need additional space for beneficiaries, attach another sheet to this form.

Secondary Beneficiary(ies)	Relationship to Proposed Insured	Percent Share of Proceeds**
1.		%
2.		%

application continued on next page

Section 4 (Optional)

Complete Section 4 ONLY if you wish to assign an initial and/or contingent owner of the individual Life Insurance policy, other than the proposed insured.

Name of Initial Owner (If Not Proposed Insured)	Relationship to Proposed Insured
Address	
Name of Contingent Owner (If Any)	Relationship to Proposed Insured
Address	
Mail Communications to Address in (Check One) <input type="checkbox"/> Section 4 (Initial Owner) <input type="checkbox"/> Section 1	

Section 5 Acknowledgment and Signature

To begin processing of your conversion coverage, Sun Life Assurance Company of Canada must receive this signed Application, any other required documentation, and your first premium payment within 31 days of your termination date.

Amount paid with this application: \$ _____ .

You must read and sign to apply for coverage.

I/We understand and agree that:

- The answers and statements in this Application will be the basis for and become part of any insurance policy issued as a result of this Application.
- The policy issued will replace, in whole or in part, the coverage provided by the Group Policy indicated in Section 2 on previous page.
- No insurance requested in this Application will be effective unless:
 - the proposed insured is alive when the first full premium is paid; and
 - the premium payment is made within the conversion period permitted under the Group Policy.
- In accepting a policy, the applicant accepts any corrections or amendments made by Sun Life Assurance Company of Canada, except that any change in plan, amount, benefits, age at issue or classification requires the written consent of the applicant.
- Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects a person to criminal and civil penalties.

I/We declare that the information provided in this Application is complete and true to the best of my/our knowledge and belief.

Signature of Applicant/Owner X	Date
Place of Signing	
Signature of Proposed Insured (If Not Also Applicant) X	Date

Use the pre-addressed envelope (if provided) or mail to:

Sun Life Assurance Company of Canada
 Group Life Conversion, SC 1219
 One Sun Life Executive Park
 Wellesley Hills, MA 02481

How to Complete IRS Form W-9, and Where to Send It

About IRS Form W-9

The Internal Revenue Service (IRS) requires the owner of the policy to fill out IRS Form W-9 to report any taxable events that may occur during the life of the policy.*

Therefore, you must complete an IRS Form W-9 and send it to Sun Life Assurance Company of Canada. (If you, the employee, are not the owner of the policy, the owner must complete the form.) Each year, we will send you a year-end dividends income report.

Before you fill out the form, read through it to familiarize yourself with it. Find the form on the next four pages of this kit.

Then, follow these simple steps.

1. How to complete IRS Form W-9

Fill out Parts I and II in full.

- **Part I Taxpayer Identification Number (TIN)**

Enter your Social Security number in the appropriate box—this is required by law.

- **Part II Certification**

Carefully read and understand this section. Then, sign the form and date it to avoid delays in processing.

2. Where to send the form

Send the form to Sun Life Assurance Company of Canada—not to the IRS.

Sun Life Assurance Company of Canada
Group Life Conversion, SC 1219
One Sun Life Executive Park
Wellesley Hills, MA 02481

Reminder: Include the completed IRS Form W-9 with the rest of the materials you send to Sun Life Assurance Company of Canada to apply for Group Life Conversion. See page 17 for a checklist of materials.

Here are some things to keep in mind when completing IRS Form W-9.

PLEASE NOTE:
If the employee is not the owner of the policy, the owner must complete IRS Form W-9.

*Dividends are not taxable. Upon the cancellation of the policy by surrender or lapse, a calculation is made to determine if the cash surrender amount, including dividends, exceeds the amount of premiums paid. In this case, any gain would be taxable in the year of cancellation. However, interest earned on dividends held on deposit is taxable while the policy is in force.

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Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

on page 2: Print or type See Specific Instructions	Name
	Business name, if different from above
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Exempt from backup withholding
	Address (number, street, and apt. or suite no.)
	City, state, and ZIP code Requester's name and address (optional)
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

	Social security number +
	or
	Employer identification number +

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- The type and amount of income that qualifies for the exemption from tax.
- Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments (29% after December 31, 2003; 28% after December 31, 2005). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note: You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note: If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2);
2. The United States or any of its agencies or instrumentalities;
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities;
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities; or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation;
7. A foreign central bank of issue;
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States;

- 9. A futures commission merchant registered with the Commodity Futures Trading Commission;
- 10. A real estate investment trust;
- 11. An entity registered at all times during the tax year under the Investment Company Act of 1940;
- 12. A common trust fund operated by a bank under section 584(a);
- 13. A financial institution;
- 14. A middleman known in the investment community as a nominee or custodian; or
- 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

If the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see How to get a TIN below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see Limited liability company (LLC) on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note: See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form on-line at www.ssa.gov/online/ss5.html. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at www.irs.gov.

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see Exempt from backup withholding on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, or to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.



Dividend and Non-Forfeiture Benefit Options

Dividends

There are four options for dividend distribution. Dividends may vary from year to year, based on Sun Life Assurance Company of Canada's current dividend scale for the current year. The applicant must select one option on the Application for Individual Insurance (page 5). Dividends can be applied:

- 1. As Additions to Policy:** Also called "Paid-up Additions" (PUAs), dividends are used to purchase paid-up, participating, whole life insurance. PUAs have a cash value equal to the net single premium for the additional amount of insurance. The cash value is tax-deferred, similar to the policy's guaranteed cash value.
- 2. To Reduce Premiums:** Using the Premium Reduction dividends option, dividends can be used to reduce the out-of-pocket cost of the premium due in the following year. Applicants who choose Premium Reduction receive a bill showing any credits to their premium due to dividends.
- 3. In Cash:** Dividends may be taken in cash at the end of the year. Sun Life Assurance Company of Canada will send a check to the address provided on the Application for Individual Insurance.
- 4. To Accumulate with Interest:** Using the Deposit Dividend Option, dividends are left with Sun Life Assurance Company of Canada to accumulate at a competitive interest rate set annually by Sun Life Assurance Company of Canada. The interest is credited each year as taxable income in the year earned.

Non-Forfeiture Benefit Options

All individual life insurance policies are required to have a non-forfeiture option. The standard option required in most states is "Automatic Extended Term." Under this option, if a premium is not paid, the values in the policy will be used to support the current death benefit for a certain length of time. When the policy's dollar amount value is exhausted, we cancel the policy.

You can elect to choose an alternative payment method on the Application called Automatic Premium Loan. Under this option, if a premium is not paid, Sun Life Assurance Company of Canada will automatically **borrow** against the dollar amount value of the policy to pay the premium due. Sun Life Assurance Company of Canada will charge interest against this policy loan and bill the individual policyholder on the next anniversary.

Note

- 1.** If the dollar amount value of the policy is not sufficient to pay the premium due, it will be used to support the policy for a limited time. Then we will cancel the policy.
- 2.** If the outstanding loan with interest exceeds the dollar amount value of the policy, we will cancel the policy.

How to Complete the Bank Authorization Form

If you have elected the monthly withdrawal of premium option, you need to authorize Sun Life Assurance Company of Canada to withdraw monthly premium payments from your checking account.

To authorize Sun Life Assurance Company of Canada to set up this procedure with your bank, please complete the form on the following page and submit it along with a voided check or deposit slip. (You must send a separate check for payment of the first month's premium.) After receipt of the authorization form, Sun Life Assurance Company of Canada will notify your bank.

Here are some things to keep in mind when completing the Bank Authorization form.

- **Account Name:** Enter the individual's name on the checking account from which you want Sun Life Assurance Company of Canada to withdraw monthly premium payments.
- **Account Number:** Enter the number of the checking account.
- **Bank Information:** Enter the name and address of the bank.
- **Account Signature:** The person whose bank account is listed under account name must sign the form. Joint accounts require both individuals' signatures.

After completing the form, Sun Life Assurance Company of Canada will send the top part to the bank and inform it of the transaction. Sun Life Assurance Company of Canada will retain the lower part of the form.

Sun Life Assurance Company of Canada

Bank Authorization Form



This form is used to honor debits initiated by Sun Life Assurance Company of Canada.

Please PRINT clearly.

Use black ink only.

Please include a voided check and/or deposit slip from your designated account.

Account Name		
Account Number	Transit Number	
Name of Bank		
Address		
City	State	Zip Code

"I (we) authorize you to initiate debit entries, electronically, by paper means or by any other commercially accepted method, to my (our) checking account designated in this authorization. This authorization is to remain in full force and effect until you and my (our) bank have each received written notification from me (or either of us) of its termination in such time and in such manner as to afford you and my (our) bank a reasonable opportunity to act on it."

"I agree that you shall be fully protected in making any such debit entry. Sun Life Financial is instructed to forward this authorization to you."

Joint Accounts require two signatures.

Account Signature X	Date
Account Signature X	Date

Inquiries should be addressed to:

Sun Life Assurance Company of Canada
Policy Administration Dept. - PAC - SC 1037
One Sun Life Executive Park
Wellesley Hills, MA 02481

Sun Life Financial Use Only

Collect only one premium plus any arrears for each policy.

Day of draft should be earliest due day of all policies. (1st-28th of the month)

Please Attach a VOIDED Check

First Month of Automatic Draft	Day of Draft	PAC Index Number
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- Addition to Existing Arrangement Term Conversion
 Delete from Present Index & Set up New Index Change MODE Premium Payment to AMP

Policy Number	AMP Premium
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$

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Materials Checklist

Use this checklist to help you confirm that you have all the required information. Each person applying to convert a Group Life policy to an Individual Life policy must send all of the following:

- Completed Notice of Group Life Conversion.** Get the notice from your employer's plan administrator. The notice is not included in this kit. Your employer completes page 1. You complete pages 2 and 3.

Once you have calculated your conversion rates, call our Customer Service Center at 1-800-247-6875 to verify that the rate calculation is correct.

- Copy of the employee's enrollment form or card.** Get these from your employer's plan administrator.
- Completed Group Life Conversion Application.** This is on page 5 of this kit.
- Completed IRS Form W-9.**
- Check for the First Premium.** Make your check out to: Sun Life Assurance Company of Canada.
- Completed Bank Authorization form and a voided check or deposit slip.** Only provide these documents if you want to set up an automatic withdrawal of your premium payment.

Deadline to Apply

Sun Life Assurance Company of Canada must receive all the above information and first payment within 31 days of the employee's termination or reduction in coverage.

If an employee or dependent does not convert his/her life insurance within 31 days of termination, the conversion option, as defined in this kit, will no longer be available.

Address

Use the pre-addressed envelope (if available), or mail to:

Sun Life Assurance Company of Canada
Group Life Conversion SC 1219
One Sun Life Executive Park
Wellesley Hills, MA 02481

Other Options

If an employee or dependent misses the deadline to convert Group Life coverage to an Individual Life policy, there are other products available to provide financial protection for former employees and their families.

Just contact your local Sun Life Assurance Company of Canada agent. Tell the agent what your needs are and he or she will work with you to find the right insurance for you. To find an agent near you, please call our Individual Customer Service Center at 1-800-862-6266.

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