

# Withdrawal

for variable annuities



For questions or help with this form, call us at 800-752-7216.

## 1 Contract number (please print clearly)

Please enter the 12 digits of your contract number in the following format xx-xxxx-xxxxxx (This appears on your quarterly statement)

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- You should talk with your financial and tax advisors and read your prospectus carefully to understand how this withdrawal will affect your contract values and living benefits.
- Taking withdrawals (including withdrawals to pay advisory fees) can reduce or eliminate your living benefits.
- Withdrawals in excess of the guaranteed withdrawal amount, called "excess withdrawals", will result in a permanent reduction in future guaranteed withdrawal amounts. If you would like to make an excess withdrawal and are uncertain how an excess withdrawal will reduce your future guaranteed withdrawal amounts, then you may contact us prior to requesting the withdrawal to obtain a personalized, transaction specific calculation showing the effect of the excess withdrawal.
- If you are already taking withdrawals under the Substantially Equal Periodic Payments (SEPP) program, any additional withdrawals will cancel your SEPP program.

## 2 Owner information

Owner	SSN/TIN
Co-owner (if applicable)	SSN/TIN

Check here if your address has changed. We will update your address, and we require a **signature guarantee** to process this withdrawal. See section 8.

Address		
Address		
City	State	Zip code
In case we need to contact you about this request		Daytime phone

## 3 Secured Returns option

Complete this section ONLY if you have an annuity with a Secured Returns living benefit. Otherwise go to section 4.

If your annuity has a Secured Returns living benefit, you can switch to the Guaranteed Minimum Withdrawal Benefit (GMWB) plan before we process your withdrawal request by checking the box below. No additional paperwork will be required for the change.

Please change my Secured Returns living benefit from the Guaranteed Minimum Accumulation Benefit (GMAB) plan to the Guaranteed Minimum Withdrawal Benefit (GMWB) plan.

Sun Life Assurance Company of Canada (U.S.) issued annuities in Puerto Rico, the District of Columbia, and all states except New York.

Sun Life Insurance and Annuity Company of New York issued annuities in New York.

Each of these companies is responsible for its own financial condition and contractual obligations.

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#### 4 Withdrawal amount (select one)

Full withdrawal—this will close the contract and end all of your benefits. Go to section 6.

Partial withdrawal amount (Optional)  Please send me the exact withdrawal amount shown at left. I understand that any additional fees and adjustments that result from this withdrawal will be charged separately to my contract. If I choose to have taxes withheld (section 6) or to pay the \$25 fee for a wire transfer (section 7), those amounts will be deducted from the amount I have indicated.

Maximum guaranteed annual/lifetime income amount available with your living benefit.  
This excludes the stored income balance, if it applies.

Free amount

- This is the maximum amount you can withdraw without a withdrawal charge.
- Taking the free amount may reduce your living benefits.

Entire stored income balance (if it applies to your living benefit)

One-time access withdrawal amount (if it applies to your living benefit)

(Optional)  Please send me the exact withdrawal amount shown at left. I understand that any additional fees and adjustments that result from this withdrawal will be charged separately to my contract. If I choose to have taxes withheld (section 6) or to pay the \$25 fee for a wire transfer (section 7), those amounts will be deducted from the amount I have indicated.

- If you have already taken your one-time access withdrawal or if it is not available with your living benefit rider, we cannot process your withdrawal request. Please talk with your financial advisor and review your prospectus for more detail.
- Choosing the one-time access withdrawal option proportionally reduces the guaranteed amount of your living benefit.

#### 5 Withdrawal allocation

Proportionally from all existing allocations

Proportionally from variable subaccounts only

From the following subaccounts or fixed accounts at the percentage(s) shown below:

Subaccount/fixed account name	% (whole number)
<b>Total (must = 100%)</b>	

- If you do not make a selection, we will take withdrawals proportionally from all existing investment allocations.
- If you are invested in an asset allocation model, we will take the withdrawal proportionally from all existing investment allocations.
- If you are invested in Build Your Own Portfolio and have a living benefit, we will take the withdrawal proportionally from all existing investment allocations.
- In the list above, if you include percentages with decimals, we will round them to the nearest whole number.

## 6 Tax withholding

The tax withholding options that you select will remain in effect until revoked in writing. Federal and/or state taxes may apply.

### Federal income tax withholding

Would you like federal income tax withheld from your withdrawal?

Yes, withhold  % of the taxable amount.

- If you do not indicate a value between 10% and 50% and we do not have a previous tax election on file, we will automatically withhold 10% for federal taxes.

No, do not withhold federal income tax.

- If you choose “no” withholding or you do not have enough tax withheld from your distribution, you may have to pay estimated taxes.
- If your withholding and estimated tax payments are not sufficient, you also may incur penalties under the estimated tax rules.
- If you are taking a full withdrawal, you may need to pay a state premium tax as well, depending on your resident state.

## 7 Delivery instructions (optional)

We will mail your check by first class mail to the address we have on file, **unless** you give us other instructions below.

**Overnight delivery**

Please give us a street address (in section 2) and express carrier account number to bill for this service. If we do not have this information, we will send your check by first class mail to the address we have on file.

Express carrier name

Express carrier account number

**Wire transfer**

If you choose this payment method:

- We will deduct a \$25 fee from your withdrawal for this service. (Your bank may charge an additional fee.)
- We require a signature guarantee. See section 8.
- We can only send a wire payment to a bank in the United States or Puerto Rico

Bank name	Nine-digit routing number
Account name	Account number
Further credit account name	Further credit account number

If your bank returns or rejects the wire transfer, we will send your check by first class mail to the address we have on file.

**Send a check for the withdrawal amount to a different address, payee, or both**

- If you want your check made payable to another person, mailed to a different address, or both, we require a **signature guarantee**. See section 8.

Make check payable to this payee:

Mailing address

City

State

Zip code

## 8 Signature(s)

### All owners must sign this form.

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

We require an original signature guarantee stamp (no faxes) with each signature if any one of the following situations applies:






- The contract owner's address has changed within 30 days of us receiving this request.
- The check is being mailed to an address other than the address we have on file for the contract owner.
- The check will be payable to someone other than the contract owner.
- You have asked us to wire the withdrawal amount to a bank account.
- You are withdrawing \$250,000 or more.
- The contract is owned by multiple owners and the check will be made payable to only one owner.

### We will not accept a notary stamp.

You can get a **signature guarantee stamp** at an FDIC-insured bank; a member firm of the New York, American, Boston, Midwest, Philadelphia, or Pacific Stock Exchange; or any company that is a member of the Securities Transfer Agents Medallion Program (STAMP).

Owner's signature <b>X</b>	Date (mm/dd/yyyy)	Co-owner's signature (if applicable) <b>X</b>	Date (mm/dd/yyyy)
Please PRINT name below		Please PRINT name below	
Signature guarantee stamp		Signature guarantee stamp	

## Contact us

-  **By mail**  
Sun Life Annuity Service Center  
P.O. Box 9133  
Wellesley Hills, MA 02481
-  **By express mail**  
Sun Life Annuity Service Center  
112 Worcester Street  
Wellesley Hills, MA 02481
-  **By fax**  
781-304-5383
-  [www.sunlife.com/us](http://www.sunlife.com/us)
-  Customer Service **800-752-7216** M–F 8:30 a.m.–6:00 p.m., ET