

Sun Life Assurance Company of Canada

One Sun Life Executive Park, Wellesley Hills, MA 02481

Application for Individual Life Insurance – Group Conversion



Complete sections 1 through 5 and section 8, read the acknowledgment, sign, and date the form. Complete section 6 only if you wish to designate an initial or contingent owner of the policy other than the Proposed Insured. This application will be made part of the policy.

1 Proposed Insured information

Name (first, middle initial, last)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security number	
Address		City	State	Zip code
Date of birth (mm/dd/yyyy)	Place of birth	Phone number	E-mail address	

2 Secondary addressee information

You have the right to designate someone in addition to yourself to receive copies of lapse notices and bills. If you would like to designate a secondary addressee then please provide the following information.

Name			
Address	City	State	Zip code

3 Policy information

Name of group policyholder (i.e., your employer or plan administrator)		Policy number
Amount of coverage lost \$	Amount of coverage requested \$	

Premium interval (check one)

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

Reason for application

Check one and indicate the date this change became effective.

Termination of employment Reduction of coverage No longer eligible for coverage
 Termination of waiver of premium Retirement
 Termination of continuation Amendment to policy

Effective date: _____

4 Bank account information

Please complete this section if you chose a monthly premium interval. Be sure to include a voided check with the completed application.

Account name			
Account number	Routing / transit number	Draft day (1-28)*	
Name of bank			
Address	City	State	Zip code

*When selecting a draft day, please note that weekends and bank holidays affect when drafts occur. A draft may occur up to three days before or after the scheduled draft day.

5 Beneficiary designation information

If you do not name a beneficiary or if no beneficiaries are alive at the time of your death, proceeds will be payable to the estate of the insured. The total within each class (Primary and Contingent) must equal 100%.

Primary beneficiary(ies)

Percent share
of proceeds

1 Name (first, middle initial, last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth (mm/dd/yyyy)	
2 Name (first, middle initial, last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth (mm/dd/yyyy)	= 100%

Contingent beneficiary(ies)

Percent share
of proceeds

1 Name (first, middle initial, last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth (mm/dd/yyyy)	
2 Name (first, middle initial, last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth (mm/dd/yyyy)	= 100%

Please note: If you require more space, please use a separate sheet of paper and sign the bottom of that sheet.

6 Owner information (optional)

Complete this section only if you wish to designate an initial and/or contingent owner (other than the Proposed Insured) of the individual life insurance policy.

Name of owner (first, middle initial, last)	Relationship to employee	Social Security number
Address	Phone number	Date of birth (mm/dd/yyyy)

Name of contingent (first, middle initial, last)	Relationship to employee	Social Security number
Address	Phone number	Date of birth (mm/dd/yyyy)

7 Fraud warnings

General fraud warning: 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 such person to criminal and civil penalties.

LA, MA, and WV: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

DC: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FL: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance, 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.

MD: Any person who knowingly OR willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly OR willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OR: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

TN: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.] It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

8 Acknowledgment and signature

Amount paid with this application: \$ _____

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 3 of this form.
- No insurance requested in this Application will be effective unless;
 - Subject to the applicable state conversion rules, the premium payment will be made within the conversion period permitted under the group policy.

I/We authorize Sun Life Financial to initiate debit entries electronically, by paper, or by any other commercially accepted method to my/our account designated in this authorization, if monthly premium interval was chosen. This authorization will remain in full force and effect until Sun Life Financial has received written notification from me/either of us of its termination at least two business days before the regularly scheduled draft day. I/We agree that Sun Life Financial will be fully protected in making any such debit entry if Sun Life Financial does not receive sufficient notification to discontinue this authorization.

I/We declare that the information provided in this Application is complete and true to the best of my/our knowledge and belief. I have read or had read to me the fraud warning for my state.

Signature of owner X		Date (mm/dd/yyyy)	
Address of signing	City	State	Zip code
Signature of Proposed Insured (if not also owner)		Date (mm/dd/yyyy)	

Sun Life Assurance Company of Canada reserves the right to modify this contract for administrative changes. Any changes in plan, amount, benefits, age at issue or classification requires written consent of the Owner and Proposed Insured.

Contact us



By mail

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



By fax

800-863-8311



www.sunlife.com/us



Customer Service **800-862-6266** M–F 8:00 a.m. – 6:00 p.m., ET