

# Transfer of ownership

(Do not use for a name change)

Policy number
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## Information about the current owner of the policy

First name	Middle name	Last name
Date of birth (dd-mm-yyyy)	Telephone number	

Is there more than one policy owner?  Yes  No

First name	Middle name	Last name
Date of birth (dd-mm-yyyy)	Telephone number	

## Information about the insured person or annuitant

First name	Middle name	Last name	Date of birth (dd-mm-yyyy)
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I/we, the owner, absolutely transfer and assign all rights, title and interests in the above policy as outlined in the section below.

## Information about the new owner(s) of the policy

**Important:** The policy owner(s) must initial any corrections to the form.

Is the policy jointly owned, in shared ownership or, in Quebec, co-owned?  Yes  No

Is the new owner  an individual/sole proprietor?  a corporation?

If a corporation, is this transfer due to a business wind up or amalgamation under the Income Tax Act subsection 88(1) or 87(1)?

**Note:** Applies to term life, universal life and permanent life insurance policies only.

Yes  No If yes, provide confirmation from your professional tax or legal advisor.

### Individual/Sole Proprietor Information

First name	Middle name	Last name
Social Insurance Number	Date of birth (dd-mm-yyyy)	Telephone number

Residential address Note: PO Box and General Delivery are not accepted

Apartment or suite

City Province/State Country Postal/Zip code

Mailing address (if different than residential)

Apartment or suite

City Province/State Country Postal/Zip code

What is your relationship to the current owner? \* This information is required for tax purposes. \*\* If ex-spouse or ex-common law spouse / de facto spouse, the 'Define the relationship and settlement' question must be completed.

Spouse  Child  Ex-spouse  Ex-common law spouse / de facto spouse  Other

Define the relationship and settlement

Is the transfer of ownership being made under a settlement of rights arising out of the marriage, civil union or common law partnership / de facto spouse relationship?  Yes  No

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## Information about the new owner of the policy (continued)

First name		Middle name		Last name	
Social Insurance Number		Date of birth (dd-mm-yyyy)		Telephone number	
Residential address Note: PO Box and General Delivery are not accepted					Apartment or suite
City		Province/State	Country		Postal/Zip code
Mailing address (if different than residential)					Apartment or suite
City		Province/State	Country		Postal/Zip code
What is your relationship to the current owner? * This information is required for tax purposes. ** If ex-spouse or ex-common law spouse / de facto spouse, the 'Define the relationship and settlement' question must be completed.					
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Ex-spouse <input type="checkbox"/> Ex-common law spouse / de facto spouse <input type="checkbox"/> Other					
Define the relationship and settlement Is the transfer of ownership being made under a settlement of rights arising out of the marriage, civil union or common law partnership / de facto spouse relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No					

## Corporation information

Corporate name					
Address Note: PO Box and General Delivery are not accepted				City	
Province/State		Country		Postal/Zip code	
Mailing address (if different than residential)				City	
Province/State		Country		Postal/Zip code	
CRA (Canada Revenue Agency) business number			Corporate registration number		
Date of incorporation (dd-mm-yyyy)		Country of incorporation		Province/State of incorporation	

Was any money (including any form of consideration or value) paid or promised by the new owner(s) to the current owner(s) for the transfer of this policy?

**Note:** Applies to term life, universal life and permanent life insurance policies only.

Yes    No   If yes, indicate amount: \$

## Premium payments by Pre-authorized chequing (PAC)

Please discontinue the PAC withdrawals for this policy.

**Note:** The new owner will be responsible for premium payments. If payment is to be by PAC, please complete the *Pre-authorized chequing (PAC) authorization (E75) form*.

If this policy is a permanent life plan, a universal life plan, a non-registered accumulation annuity or a non-registered payout annuity, your advisor must complete either the *Identity verification, third party determination and politically exposed persons (PEP) for individual owners (4830-E) form* or the *Identity verification and third party determination for entity owners (4831-E) form* for the new owner. For entity applicants, in addition to the 4831-E, a *Certificate of incumbency form (E4207)* and the *International tax classification for an entity (4545-E) form* is required. We won't permit any transactions by the new owner until we receive the completed forms attesting to verification of the new owner's identity.

## Authorization and signature(s)

By signing below I/we, the policy owner, confirm that:

- all previous revocable beneficiary, contingent owner, critical illness payee and long term care payee appointments are cancelled,
- the transfer is effective the date Sun Life records the transfer in its business records,
- the ownership transfer may result in a taxable policy gain to the current owner named above in section 'Information about the owner of the policy' and
- Sun Life Assurance Company of Canada is not responsible for the effect of this assignment.

### Sign and date here:

**Note:** For multiple owners, all owners must sign this form. If the owner is a company, include the signing officers' names and titles.

Signature of owner assigning (transferring) ownership of the policy X		Date (dd-mm-yyyy)
Signed in city	Signed in province	

Signature of joint owner assigning (transferring) ownership of the policy X		Date (dd-mm-yyyy)
Signed in city	Signed in province	

### Signature(s) of new owner(s)

Signature of the new owner (indicate title of signing officers, if applicable) X		Date (dd-mm-yyyy)
Signature of the new joint owner (indicate title of signing officers, if applicable) X		Date (dd-mm-yyyy)

### Return to:

Sun Life Assurance Company of Canada  
227 King Street South  
P.O. Box 1601, STN Waterloo  
Waterloo, ON N2J 4C5  
Fax number: 1-866-487-4745  
Customer call centre: 1-877-SUN-LIFE (1-877-786-5433)