

Application for Sun Life Assurance Company of Canada (U.S.)
Single Premium Equity-Indexed Deferred Annuity SPDA(14)/CERT
 Mail to: Sun Life Assurance Company of Canada (U.S.), P.O. Box 9133, Wellesley Hills, MA 02481

1. ANNUITANT

 First Middle Last Phone ()

Street Address _____ City State Zip
 Social Security No: [][][][] - [][][] - [][][][][] Sex: M F Birthdate: ____/____/____
 Month Day Year
 Citizenship: U.S.; Resident Alien (_____); Non-resident Alien (_____)
 Country Country

2. PRIMARY OWNER (Will be Annuitant if this is not completed; unavailable with IRAs and TSAs)

 First Middle Last Phone ()

Street Address _____ City State Zip
 Birthdate: ____/____/____
 Month Day Year
 Relationship to Annuitant _____
 Social Security No. Taxpayer I.D. No. [][][][] - [][][] - [][][][][] Tax-exempt organization
 Citizenship: U.S.; Resident Alien (_____); Non-resident Alien (_____)
 Country Country

3. PRIMARY BENEFICIARY(IES)

 Name Birthdate / / Relationship to Annuitant

 Street Address City State Zip

 Name Birthdate / / Relationship to Annuitant

 Street Address City State Zip

OPTIONAL INFORMATION (#4, 5, 6)

4. JOINT OWNER (Unavailable with IRAs and TSAs; signature is required on reverse)

 First Middle Last Phone ()

Street Address _____ City State Zip
 Social Security No: [][][][] - [][][] - [][][][][] Birthdate: ____/____/____
 Month Day Year

5. CONTINGENT ANNUITANT (Can be completed only if #2 is also completed)

 First Middle Last

Street Address _____ City State Zip
 Sex: M F Birthdate: ____/____/____
 Month Day Year

6. CONTINGENT BENEFICIARY(IES)

 Name Birthdate / / Relationship to Annuitant

 Street Address City State Zip

 Name Birthdate / / Relationship to Annuitant

 Street Address City State Zip

Sun Life Financial Keyport Index MultiPoint Disclosure Statement

Sun Life Assurance Company of Canada (U.S.) • P.O. Box 9133 • Wellesley Hills, MA 02481

By providing my signature as the Applicant below, I acknowledge that I have been given a copy of the Sun Life Financial Keyport Index MultiPoint Product Manual, and I further acknowledge that I have read and understand the following statements.

- MultiPoint is an equity-indexed annuity designed for long-term retirement planning; it is not a substitute for an S&P 500 Index mutual fund or any equity-based investment. The S&P 500 Index does not include dividends.
- If I hold my annuity to the completion of a Term I will receive at least my payment back and that I may receive interest earnings linked to a portion of the positive growth in the S&P 500 Index (the S&P 500 Index does not include dividends). Further I understand early surrender may cause me to forfeit a portion of my original payment.
- All contractual guarantees are backed by the claims-paying ability of Sun Life Assurance Company of Canada (U.S.), and that any non-guaranteed elements, including Participation Rates (and the Cap on the 1-year Term), are subject to change each Term and could be higher or lower in future periods.
- Any illustrated values shown to me, other than guaranteed minimum values, are not guarantees, promises or warranties.
- My Agent (named below) has reviewed my financial situation and needs to my satisfaction, in connection with this annuity purchase.
- My Agent is receiving monetary compensation from Sun Life Financial for the sale of this annuity.
- I have the right to cancel the annuity within 45 days of my Issue Date or 20 days from receipt of my annuity.

Applicant Name (please print)	Location Signed At
Applicant Signature	Date

Agent's Certification: I hereby certify that I have made no statements to the applicant that differ from this Disclosure Statement, nor have I made any promises or guarantees about the future value of any non-guaranteed elements of this annuity. If this Applicant/Owner is subject to a Senior Protection in Annuity Transactions law or other applicable suitability regulation, and I have recommended this purchase;

- I have reasonable grounds for believing that the recommendation is suitable for the customer on the basis of the facts disclosed by the customer as to his or her investments and other insurance products and as to his or her financial situation and needs; and
- I have created a record of the information used in recommending the suitability of this annuity purchase and I will maintain this record for at least 5 years or as otherwise required by law.

Agent Name (please print)	Agent Number
Agent Signature	Date

Note: If this form is not completed and signed, we cannot consider your application.