



YOUR APPLICATION MAY BE RETURNED!

You must be licensed and appointed with the company prior to submitting an application. Insurance companies are now ***returning*** applications submitted by brokers who are not ***licensed and appointed*** for the respective company in the state of solicitation.

**** ATTENTION ****

**THIS PAPERWORK MUST BE
RETURNED TO YOUR
BROKERAGE
GENERAL AGENCY.**

**Failure to return to your Brokerage General Agency
will result in a delay of the appointment and possible
rejection, by the carrier, of any business submitted.**

Appointment Application to sell Fixed Life Insurance, Variable Life Insurance, and Variable Annuity Products

Appoint broker to sell:

- Fixed Life Insurance products - **Complete pages 2 - 5**
- Variable Life & Annuity products - **Complete page 2 only**
- Both Fixed Life Insurance and Variable Life & Annuity products - **Complete pages 2 - 5**

Appointment Checklist:

Fixed Life Insurance

- ✓ Completed License/Appointment data sheet
- ✓ Copy of all current resident and, if applicable, non-resident licenses
- ✓ Applicable state required appointment documents
- ✓ Copy of Errors and Omissions Coverage
- ✓ Broker's Commission Remuneration Schedule - for brokers not affiliated with a national account or appointed under a corporate contract or Commission Assignment form if appointed under a corporation.

Variable Life and Annuity

- ✓ Completed License/Appointment data sheet
- ✓ Copy of all current resident, and if applicable, non-resident licenses
- ✓ Applicable state required appointment documents
- ✓ Proof of NASD Securities registration

Send Appointment Paperwork To:

**Please return all required forms to your GENERAL AGENCY.
Failure to do so could result in the delay of your appointment
and possible rejection of business submitted.
Thank you.**

Appointment Data Sheet

FIXED AND VARIABLE APPOINTMENTS

States in which I would like to sell fixed life insurance products: _____

License #'s _____

States in which I would like to sell variable life and annuity products: _____

License #'s _____

PERSONAL DATA - broker

Name _____ Social Security # _____

Date of Birth _____

Residence
Address _____
Street City State Zip

Business Phone _____ CRD # _____

BROKER-DEALER N.A.S.D. AFFILIATION (if applicable)

Name _____ CRD# _____

Address _____
Street City State Zip

GENERAL AGENCY

Name _____ Branch Code _____

Contact name _____

Telephone number _____ Email _____

By submitting this form to Sun Life Financial , the Broker-Dealer firm hereby certifies that the above named broker (1) is duly licensed and qualified for the purposes stated herein, (2) has not been convicted or plead guilty or nolo contendere to, and is not currently charged with, any (a) felony; or (b) any crime involving insurance or investments, fraud, dishonesty, false statements or omissions, wrongful taking of property, or forgery; and (3) has not had a professional license denied, suspended, or revoked for cause.

Note: If applying for a variable appointment, this application will only be processed if the broker/dealer with which you are affiliated has a valid selling agreement with Sun Life Assurance Company of Canada (U.S.) and/or Sun Life Insurance and Annuity Company of New York.

Broker Acknowledgement

In accordance with my appointment with Sun Life Assurance Company of Canada, Sun Life Assurance Company of Canada (U.S.), and Sun Life Insurance and Annuity Company of New York, members of the Sun Life Financial group of companies ("the Company"), I acknowledge that my authority resulting from such appointment shall be expressly limited to the solicitation of applications for approved products of the Company.

In connection therewith, I agree not to:

- (i) make, alter, or discharge the Company's policies or modify any forms relating thereto;
- (ii) make any endorsements on policies; waive forfeitures; quote premium rates other than those published by the Company; guarantee or alter published dividend scales or interest rates;
- (iii) misrepresent orally or in writing, including by means of any illustration or comparable document, the terms and conditions of any insurance policy, annuity or other product offered by or distributed through the Company;
- (iv) deliver a policy if I become aware of a change in the insurability of the risk;
- (v) incur any expense or create any liability or debt for which the Company would be responsible or bind the Company in any way without the written consent of an authorized officer of the Company;
- (vi) conduct any business in the name of the Company, directly or indirectly, other than the solicitation, sale and servicing of the Company's policies;
- (vii) issue, use, modify or allow to be published circulars, advertisements, illustrations or other materials relating to the Company or its policies and services unless such publication has been approved in writing by an authorized officer of the Company;
- (viii) demand or accept any remuneration in connection with or incidental to the solicitation, sale and servicing of the Company's products, except from the Company;
- (ix) become or allow any broker to become the primary delivery address for policy holder communications:
and
- (x) send out any material or mailers in connection with the Company that has not been pre-approved by the Company.
- (xi) pay any premium to the Company on behalf of any applicant or policyholder;
- (xii) engage in any conduct which violates applicable laws, rules, and regulations in any jurisdictions; and
- (xiii) deposit, endorse, or otherwise negotiate benefit checks, including policy loans, cash surrenders, or maturity proceeds, whether or not with policyholder's or beneficiary's authorization or to delay delivery of any such checks.

Broker Appointment Questionnaire

Required for fixed Life Insurance Appointments Only

(If any question is answered with a yes, please attach a full explanation.)

1. Have you filed a bankruptcy petition or been declared bankrupt or insolvent? yes no
2. Has any insurer you represented, including Sun Life Assurance Company of Canada, ever terminated your agent's or producer's contract other than for low production? yes no
3. Has any state regulatory or supervisory agency ever disciplined, sanctioned, suspended, or revoked your license? yes no
4. Has a bonding company denied, paid on, or revoked a fidelity bond for you? yes no
5. Do you have Errors & Omissions Coverage? (coverage is mandatory)
Please attach a copy of the Certificate or Policy Summary page. yes no
6. Have you been a party to any Errors & Omissions claims in the last five years? yes no
7. a. Do you engage in any administrative, investment advisory, legal,
accounting, custodial, or trustee services? yes no
b. Are you a partner, officer or director of any other business? yes no
8. Do you currently have any open state or federal levy, tax lien, or multiple garnishments? yes no
9. Have you ever had any professional or occupational license canceled,
refused, suspended, restricted or revoked? If yes, attach details. yes no
10. Have you ever been convicted of or pled guilty or nolo contendere to, or are you
currently charged with, any: (1) felony; or (2) any crime involving insurance or
investments, fraud, dishonesty, false statements or omissions, wrongful
taking of property, or forgery; or (3) a violation of any federal law?
If yes, attach details. yes no

I certify that the above statements in the Broker Acknowledgement and Broker Appointment Questionnaire are true.

X _____
Broker's Signature

Date

General Agency Due Diligence Statement

To the best of my knowledge and belief the Broker applicant is of good character and I recommend his/her appointment. I have taken the appropriate steps to verify the accuracy and completeness of the answers to this questionnaire. I certify that a) the applicant has fulfilled and will continue to fulfill the appropriate education, examination, and training requirements for the specific states in which the applicant is requesting licensing; b) the applicant will receive close and adequate supervision and that I will make inspection when needed of any and all risks written by the applicant to the end that the interest if the public will be properly protected; and c) I will not permit the applicant to transact insurance as a Broker until duly licensed therefore.

General Agent's Signature

Date

Pre-contracting Inquiry Release

Required for fixed Life Insurance Appointments Only

In connection with my appointment as a Broker with Sun Life Assurance Company of Canada ("the Company"), I understand that the Company will obtain an investigative consumer report on me. The Company may also obtain updates to this investigative consumer report from time to time. This background inquiry will include, among other things, reviews of companies I have associated with, former supervisors, consumer credit, criminal convictions, motor vehicle records, court records, and insurance department files. It will also include information as to my character, work habits, performance and experience along with reasons for leaving previous employers. Further, I understand that the Company may be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences and those of any business entity with which I have been associated. The name and address of the investigative consumer reporting agency which will provide the report to the Company is:

Business Information Group, Inc.
P.O. Box 130
Southampton, PA 18966
(Tel. 800-260-1680)

I understand that upon written request I will be given a list of the areas, which will be researched and included in the investigative consumer report into my background.

I have received and understand the attached summary of my rights under the federal Fair Credit Reporting Act.

California Residents:

I acknowledge receipt of the attached summary of Section 1786.22 of the California Investigative Consumer Reporting Agencies Act outlining my rights under California law in connection with the investigative consumer report. Pursuant to the California Investigative Consumer Reporting Agencies Act, you have a right to request a copy of the investigative consumer report from the agency named above. In addition, the Company will send to you a copy of the report within three (3) days of our receipt of the report, if check box is selected above.

I authorize any party or agency contacted by Sun Life Assurance Company of Canada or its representatives to furnish the above-mentioned information directly to the Company or its representatives and to rely on a copy of this Release as if it were the original. I hereby consent to the Company or its representatives obtaining the above information about me directly from any source.

Print Name: _____

Driver's License # _____

Current Address: _____

Previous Address
(if at current address _____

less than 5 years) _____

X _____
Broker's Signature

Date

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2	Name (as shown on your income tax return)	
	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.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. 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.

Social security number								

OR

Employer identification number								

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

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. 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:

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

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 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 to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. 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 28% of such payments (after December 31, 2002). 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,
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

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.

Also see *Special rules regarding partnerships* on page 1.

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 income tax return. 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 income tax return 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. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

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 online at www.socialsecurity.gov. 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 apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

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, 4, 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, Coverdell ESA, Archer MSA or HSA 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

¹List 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.

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

³You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴List 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.) Also see *Special rules regarding partnerships* on page 1.

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 or HSA. 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, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% 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.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the [complete text of the FCRA](#), 15 U.S.C. §§1681-1681u. The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING PLEASE CONTACT

CRA's, creditors and others not listed below

National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)

Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)

Federal credit unions (words "Federal Credit Union" appear in institution's name)

State-chartered banks that are not members of the Federal Reserve System

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission

Activities subject to the Packers and Stockyards Act, 1921

Federal Trade Commission

Consumer Response Center- FCRA

Washington, DC 20580 * 202-326-3761

Office of the Comptroller of the Currency

Compliance Management, Mail Stop 6-6

Washington, DC 20219 * 800-613-6743

Federal Reserve Board

Division of Consumer & Community Affairs

Washington, DC 20551 * 202-452-3693

Office of Thrift Supervision

Consumer Programs

Washington D.C. 20552* 800- 842-6929

National Credit Union Administration

1775 Duke Street

Alexandria, VA 22314 * 703-518-6360

Federal Deposit Insurance Corporation

Division of Compliance & Consumer Affairs

Washington, DC 20429 * 800-934-FDIC

Department of Transportation

Office of Financial Management

Washington, DC 20590 * 202-366-1306

Department of Agriculture

Office of Deputy Administrator-GIPSA

Washington, DC 20250 * 202-720-7051

California Investigative Consumer reporting Agencies Act Summary of the provisions of Section 1786.22

- (a) An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.
- (b) Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:
 - (1) In person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.
 - (2) By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.
 - (3) A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.
- (c) The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described above, may an investigative consumer reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify his identity.
- (d) The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him pursuant to Section 1786.10.
- (e) The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.
- (f) The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's file in such person's presence.

**Sun Life Assurance Company of Canada
Commission Remuneration Schedule
Contract Type- B0**

Product	Percentage of Premium		Renewal Premium	
	Up to Target	In Excess of Target in Yr.1	Years 2-10	Years 11+
Sun Univ. Protector Plus & Sun Survivorship UL Plus	50 up to 12 months	3	3	0
Sun Univ. Protector Lapse Protection 2 & Sun Survivorship UL Lapse Protection 2	50 up to 12 months	2	3	0
Sun Univ. Protector Lapse Protection 3 & Sun Survivorship UL Lapse Protection 3	50 up to 12 months	2	3	0

I agree that my sole claim of remuneration, except as provided below, shall be against the General Agent and not against Sun Life Assurance Company of Canada (“The Company”). I acknowledge that The Company will make payment directly to me if the General Agent is terminated and if I subsequently specifically request in writing that The Company do so. In that event, The Company will pay commissions due and accruing thereafter premiums that are subsequently paid on policies in force with The Company at the date of notification and on policies which list me as the broker of record. Renewal commissions will be paid based on the premiums collected by The Company on years two through ten or as revised by The Company from time-to-time. Commissions paid hereunder are vested.

Broker’s Signature	Date	General Agent’s Signature	Date
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Renewal / excess premium rates apply to all premiums paid in excess of Maximum Commissionable Premium (MCP). Surrender charge modification endorsement (SCME) arrangements may result in 1st year compensation being spread evenly over first 3 policy years. Renewal and excess compensation will not be affected. SCME is not available on LP3 product.

**Sun Life Assurance Company of Canada
Commission Remuneration Schedule
Contract Type- B2**

Product	Percentage of Premium		Renewal Premium	
	Up to Target	In Excess of Target in Yr.1	Years 2-10	Years 11+
Sun Univ. Protector Plus & Sun Survivorship UL Plus	70 up to 12 months	3	3	0
Sun Univ. Protector Lapse Protection 2 & Sun Survivorship UL Lapse Protection 2	70 up to 12 months	2	3	0
Sun Univ. Protector Lapse Protection 3 & Sun Survivorship UL Lapse Protection 3	70 up to 12 months	2	3	0

I agree that my sole claim of remuneration, except as provided below, shall be against the General Agent and not against Sun Life Assurance Company of Canada (“The Company”). I acknowledge that The Company will make payment directly to me if the General Agent is terminated and if I subsequently specifically request in writing that The Company do so. In that event, The Company will pay commissions due and accruing thereafter premiums that are subsequently paid on policies in force with The Company at the date of notification and on policies which list me as the broker of record. Renewal commissions will be paid based on the premiums collected by The Company on years two through ten or as revised by The Company from time-to-time. Commissions paid hereunder are vested.

Broker’s Signature	Date	General Agent’s Signature	Date
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Renewal / excess premium rates apply to all premiums paid in excess of Maximum Commissionable Premium (MCP)

Surrender charge modification endorsement (SCME) arrangements may result in 1st year compensation being spread evenly over first 3 policy years. Renewal and excess compensation will not be affected. SCME is not available on LP3 product.

**Sun Life Assurance Company of Canada
Commission Remuneration Schedule
Contract Type- I3**

Product	Percentage of Premium		Renewal Premium	
	Up to Target	In Excess of Target in Yr.1	Years 2-10	Years 11+
Sun Univ. Protector Plus & Sun Survivorship UL Plus	75 up to 12 months	3	3	0
Sun Univ. Protector Lapse Protection 2 & Sun Survivorship UL Lapse Protection 2	75 up to 12 months	2	3	0
Sun Univ. Protector Lapse Protection 3 & Sun Survivorship UL Lapse Protection 3	75 up to 12 months	2	3	0

I agree that my sole claim of remuneration, except as provided below, shall be against the General Agent and not against Sun Life Assurance Company of Canada (“The Company”). I acknowledge that The Company will make payment directly to me if the General Agent is terminated and if I subsequently specifically request in writing that The Company do so. In that event, The Company will pay commissions due and accruing thereafter premiums that are subsequently paid on policies in force with The Company at the date of notification and on policies which list me as the broker of record. Renewal commissions will be paid based on the premiums collected by The Company on years two through ten or as revised by The Company from time-to-time. Commissions paid hereunder are vested.

Broker’s Signature	Date	General Agent’s Signature	Date
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Renewal / excess premium rates apply to all premiums paid in excess of Maximum Commissionable Premium (MCP)
Surrender charge modification endorsement (SCME) arrangements may result in 1st year compensation being spread evenly over first 3 policy years. Renewal and excess compensation will not be affected. SCME is not available on LP3 product.

Sun Life Financial Insurance and Annuity Company of New York
Commission Remuneration Schedule

For NEW YORK Appointments Only **Contract Type – W1**

Product	1st Policy Year	2nd Policy Year	3rd Policy Year	4th Policy Year	5th-10th Policy Year	11+ Policy Year
Sun Survivorship LP2	70.00	3.00	3.00	3.00	3.00	0.00
Excess Premium	3.00					
Sun Universal Protector LP2	70.00	3.00	3.00	3.00	3.00	0.00
Excess Premium	3.00					

- Renewal / excess premium rates apply to all premium paid in excess of Maximum Commissionable Premium (MCP).
- Surrender charge modification endorsement (SCME) arrangements may result in 1st year compensation being spread evenly over the first 3 policy years. Renewal and excess compensation will not be affected

I agree that my sole claim of remuneration, except as provided below, shall be against the General Agent and not against Sun Life Insurance and Annuity Company of New York (“The Company”). I acknowledge that The Company will make payment directly to me if the General Agent is terminated and if I subsequently specifically request in writing that The Company do so. In that event, The Company will pay commissions due and accruing thereafter premiums that are subsequently paid on policies in force with The Company at the date of notification and on policies which list me as the broker of record. Renewal commissions will be paid based on the premiums collected by The Company on years two through ten or as revised by The Company from time-to-time. Commissions paid hereunder are vested.

Broker’s Signature _____

Date _____

General Agent’s Signature _____

Date _____

BISYS Use Only:

Recorded by _____ Date _____

Assignor Paragon Agent # _____

Assignee Paragon Agent # _____

ASSIGNMENT OF COMMISSIONS

NOTE: Complete this form in full. If a corporate-agency is the assignor, a certified copy of corporate resolution authorizing the Assignment of Commissions must accompany this form.

FOR VALUE RECEIVED, the undersigned _____,
(Name of Assignor) (SS# or Tax ID# of Assignor)

("Assignor"), hereby absolutely sells assigns, transfers and sets over unto _____,
(Name of Assignee) (SS# or Tax ID# of Assignee)

("Assignee"), all of the Assignor's right, title and interest, in and to the following commissions that are now or may hereafter be due and payable to the Assignor in accordance with the terms and conditions of the Assignor's contract or commission agreements with the insurance company and/or BISYS Insurance Services ("BISYS"). Note that the Assignor's right, title and interest maybe limited by the terms and conditions of the Assignor's contract or commission agreements the insurance company and/or BISYS.

The compensation subject to assignment is a (MUST CHECK ONE):

_____ **Single Company Assignment** (100% of all commissions due from business written with insurance company)
Insurance Company: _____.

_____ **Single Policy or Policies Assignment** (100% all commissions due on the policy or policies listed below)
Insurance Company: _____.
Policy # _____ Name of Insured(s) _____
[Attach a list if necessary]

_____ **Percentage of Assignee's compensation:** [please % for all the apply, if left blank 100% will be assumed]
_____ **Agent Rates**
_____ **Override or Expense Reimbursement Allowance**
_____ **All compensation**

The Assignor further warrants the validity and sufficiency of the foregoing Assignment of Commissions, that no proceeding in bankruptcy or insolvency have been taken by or against the Assignor nor has any assignment for the benefit of creditors been made by the Assignor, and that there are no outstanding assessments, liens or levies because of unpaid taxes or other obligations of the Assignor.

The Assignor further warrants that this Assignment of Commissions is not for the purpose of circumventing insurance licensing laws or any other applicable laws or regulations.

Payment made under this Assignment shall fully release the insurance company and BISYS with all responsibility as to such commissions paid.

IN WITNESS WHEREOF, the Assignor executes this Assignment of Commissions on: _____ day of

_____, _____
(Month) (Year)

By: _____
Assignor Signature (or signature of Officer if corporate agency)