Sun Life Assurance Company of Canada



Direct Deposit Authorization

To enjoy the safety and convenience of Sun Life's direct deposit services, simply complete this form and return it to your Sun Life Financial representative.

Important: To verify your bank and financial information, attach a void check or a signed letter from your bank on their letterhead. We cannot set up direct deposit services without this information.

1 **Insured information** (please print clearly)

me of Beneficiary		Policy number		
Street address	1			
City		State		Zip code
Name of authorized representative signing this form (if applicable)	Title	Phone number		e number

Financial institution 2

Remember to attach a void check or signed letter from your bank on their letterhead to verify the bank or financial institution information you provide below. We cannot set up direct deposit services without this information.

Name of bank or financial institution	City and state of bank or financial institution
Beneficiary's account number at bank or financial institution	Bank or financial institution routing number

3 Insured authorization statement

I hereby authorize Sun Life Assurance Company of Canada, including any of its subsidiaries and affiliates, to make all payments due under the policy listed above by direct deposit to the account designated above. This authorization shall be effective until further written notice from me, or another legally authorized representative, is received by Sun Life Assurance Company of Canada.

To correct any overpayments credited to this account, I hereby authorize and direct the financial institute designated above to debit this account and refund such overpayment to Sun Life Assurance Company of Canada.

Signature of Beneficiary X	Date (mm/dd/yyyy)
Signature of authorized representative (if applicable) X	Date (mm/dd/yyyy)

