

Transfer of ownership



(Do not use for a name change)

Policy number

Information about the current owner of the policy

Is the current owner ☐ an individual/sole proprietor? ☐ a corporation?

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

Is there more than one policy owner? ☐ Yes ☐ No

Is the current owner ☐ an individual/sole proprietor? ☐ a corporation?

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

Information about the insured person or annuitant

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

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, co-owned or in shared ownership? ☐ Yes ☐ No

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

POLABSE



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

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.			
<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 <input type="text"/>			
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)	Province/State of incorporation	Country 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.

New owner(s) identification

For the new owner(s), your advisor must complete in person or non-face-to-face via video conferencing, 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.

If the new owner is an entity, in addition to the 4831-E, the [International tax classification for an entity \(4545-E\)](#) form is required. For a permanent life plan or a universal life plan, entities with multiple shareholders/owners require the submission of paper copies of all relevant entity documents. For corporate owner(s), the [Corporate Resolution \(for an applicant/owner that is a Corporation\) \(5091-E\)](#) form is required. For non-registered wealth products the [Certificate of Incumbency \(E4207\)](#) and supporting relevant entity documents are 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.

Respecting your privacy

Our Purpose is to help our Clients achieve lifetime financial security and live healthier lives. We collect, use and disclose your personal information to: develop and deliver the right products and services; enhance your experience and manage our business operations; perform underwriting, administration and claims adjudication; protect against fraud, errors or misrepresentations; tell you about other products and services; and meet legal and security obligations. We collect it directly from you, when you use our products and services, and from other sources. We keep your information confidential and only as long as needed. People who may access it include our employees, distribution partners such as advisors, service providers, reinsurers, or anyone else you authorize. At times, unless we're prohibited, they may be outside your jurisdiction and your information may be subject to local laws. You can always ask for your information and to correct it if needed. In most cases, you have a right to withdraw your consent, but we may not be able to provide the requested product or service. Read our Global Privacy Statement and local policy at www.sunlife.ca/privacy or call us for a copy.

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 the section 'Information about the owner of the policy',
- We've been told by our advisor to obtain advice from our own tax and legal advisors about the potential tax and legal consequences that could arise from owning a CII policy administered according to our shared ownership agreement, and we take full responsibility for those potential consequences, 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.

Authorization and signature(s) (continued)

Signature of owner assigning (transferring) ownership of the policy X		Date (dd-mm-yyyy)
Signed at (City)	Signed at (Province)	
Title of signing officers (if applicable)		

Signature of owner assigning (transferring) ownership of the policy X		Date (dd-mm-yyyy)
Signed at (City)	Signed at (Province)	
Title of signing officers (if applicable)		

Full name of collateral assignee (if applicable)		
Title (if applicable)	Financial Institution (if applicable)	
Signature of collateral assignee (if applicable) X		Date (dd-mm-yyyy)
Signed at (City)	Signed at (Province)	

Signature of preferred or irrevocable beneficiary X		Date (dd-mm-yyyy)
Signed at (City)	Signed at (Province)	

Signature(s) of new owner(s)

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

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

Return to:

Sun Life
PO 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)