

Appointment Application

Sun Life Assurance Company of Canada (U.S.)



1. Hierarchy Information



MGA
Co-MGA (if applicable)
GA

2. Personal Data (Individual and Entity if applicable)

Please PRINT clearly.

Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (m/d/y)
Entity Name (if applicable)		
Social Security Number	Taxpayer ID (if entity)	
Business Address		
Residence Address		
Business Phone	Residence Phone	
Fax Number	E-mail Address	

3. States in Which I Would Like to Sell Fixed Annuity Products (including Fixed Index Annuity)

Please PRINT clearly.

Resident State #	License #	Type	Exp. Date (m/d/y)
Non-Resident State #	License #	Type	Exp. Date (m/d/y)
Non-Resident State #	License #	Type	Exp. Date (m/d/y)



Attach a copy of all current resident and, if applicable, non-resident licenses of the states in which you wish to be appointed.

Attach applicable state required appointment documents.

4. Broker Dealer N.A.S.D. Affiliation

Please PRINT clearly.

Name	CRD Number	
Address (Number and Street)		
City	State	ZipCode

If no NASD affiliation, please check here

#0YZ0000430

© 2006 Sun Life Assurance Company of Canada (U.S.). All rights reserved.
Sun Life Financial and the globe symbol are registered trademarks of Sun Life Assurance Company of Canada.

5. Producer Appointment Questionnaire



If any of the following questions are answered with a yes, please attach a full explanation and include applicable documentation.

- | | yes | no |
|--|--------------------------|--------------------------|
| 1. Have you ever filed a bankruptcy petition or been declared bankrupt or insolvent? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has any insurer you represented, including Sun Life Assurance Company of Canada (U.S.) and/or any of its affiliated companies, ever terminated your agent's or producer's contract or appointment for any other reason than low production? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has any federal or state regulatory or supervisory agency ever taken any disciplinary action against you, including suspension or revocation of any of your licenses or other monetary or non-monetary sanction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have Errors & Omissions (E&O) coverage? (coverage is mandatory) | <input type="checkbox"/> | <input type="checkbox"/> |

E&O Coverage Carrier	Policy Number
Exp. Date (m/d/y)	

- | | | |
|--|--------------------------|--------------------------|
| 5. Has a bonding company denied, paid on, or revoked a fidelity bond for you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you been a party to any Errors & Omissions claim in the last five years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. a. Do you engage in any other business under your own name or any other (D/B/A) name? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you or have you at any time in the past 5 years been a partner, officer or director of any other business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you currently have any open state or federal levy tax lien, or garnishments? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever been convicted of or pled guilty or nolo contendere to, or are you currently charged with: (1) felony; or (2) any crime involving insurance or investments, fraud, dishonesty, false statements or omissions, wrongful taking of property, perjury, or forgery; or (3) a violation of any federal or state law? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you currently party to any litigation or the subject of any investigation, or any judgments pending? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you in debt or do you have any unsatisfied obligations to any insurance company? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you aware of any complaint, investigation, or proceeding that is pending, which could result in a change to any answer provided above? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you use any advertisements or other sales materials, including seminars, direct mail, print, or other media, or any sales tracks, which are intended to solicit or lead to solicitation of insurance or annuity products, other than materials that are approved proprietary materials of an insurance company or its NASD broker-dealer affiliate? | <input type="checkbox"/> | <input type="checkbox"/> |

Pre-Contracting Inquiry Release



In connection with my appointment as a Producer with Sun Life Assurance Company of Canada (U.S.) ("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.

I authorize any party or agency contacted by Sun Life Assurance Company of Canada (U.S.) 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.

Name	
Drivers License Number	
Current Address	
Previous Address (If at current address less than 5 years)	
Producer's Signature X	Date (m/d/y)

California Residents:

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 the following check box is selected:

I have received and understand 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.

Minnesota and Oklahoma Residents:

Under Minnesota and Oklahoma law, you have a right to request a copy of the investigative consumer report from the agency named above. Select the following checkbox if you would like to receive a copy:

Direct Deposit Authorization Form for Commission Payments Sun Life Assurance Company of Canada (U.S.)



If Direct Deposit is
desired, please return
the completed form:

Sun Life Financial
P.O. Box 9133
Wellesley Hills, MA 02481
Fax: 781-304-5307

1. Direct Deposit Information



Please PRINT clearly.

General Agency/Agent Name		Contact Person	
Address (Number and Street)			
City	State	Zip Code	
Phone Number		Fax Number	

Please PRINT clearly.

Bank Name		Telephone Number	
Address (Number and Street)			
City	State	Zip Code	
Bank Account Number		Bank Routing Number	



Please note: There may be up to a one-week delay once all required information is received. A VOIDED CHECK IS REQUIRED FOR ACCURACY. WE WILL NOT PROCESS THIS REQUEST WITHOUT A VOIDED CHECK.

- I authorize and request Sun Life Assurance Company of Canada (US), to effect deposits of compensation owed to me pursuant to any effective compensation agreement and/or schedule by initiating credit entries to the bank account indicated above. I authorize and request said bank to accept any credit entries initiated by Sun Life and to apply those entries to my account without responsibility for corrections of the entries, except where covered by the New England Automated Clearing House Operating Rule governing these transactions.
- In the event that Sun Life causes an incorrect amount to be credited to the bank account indicated above, I authorize Sun Life and said bank to correct the prior payment by either crediting any underpaid amount or debiting any overpaid amount, as necessary.
- I understand that I may terminate this agreement at any time by giving Sun Life written notice and that direct deposits will end no more than 30 days after Sun Life receives the written notice.

2. Authorization for the Direct Deposit Commission Program

Please PRINT clearly.

Company		
Name	Title	
Signature X	Date (m/d/y)	

© 2006 Sun Life Assurance Company of Canada (U.S.). All rights reserved.
Sun Life Financial and the globe symbol are registered trademarks of Sun Life Assurance Company of Canada.