

Change of Address/Telephone Number /E-mail Address



Name (first, middle initial, last)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (d/m/y)
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Please complete only the information that you wish to change.

Residence address (street number and name, apartment or suite)		City	Province
Country	Postal code	Home phone # ()	Business phone # ()
E-mail address			

Please list the policy and/or account numbers to which this change applies.

1.	5.
2.	6.
3.	7.
4.	8.

Sun Life Assurance Company of Canada is a member of the Sun Life Financial group of companies.