

Change in bank information



If you are paying premiums by an automatic debit from your account and wish to have these deductions drawn from a different account or banking institution, please print this form, fill in the applicable information and mail it to:

Sun Life Assurance Company of Canada
 227 King Street South
 PO Box 1601, STN Waterloo
 Waterloo ON N2J 4C5

PLEASE PRINT CLEARLY

Policy number(s) to which this change applies

Name of policy owner (first, middle initial, last)			
Name of account holder(s) (first, middle initial, last)			
Name and address of financial institution			
City	Province	Postal Code	
Branch transit number	Account number		
Signature of policy owner X	Date (d/m/y) / /	Signature of account holder(s) X	Date (d/m/y) / /

Please attach a cheque marked “void” with this agreement

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