

# Atlantic Financial

Life • Annuity • Long Term Care

## IMPORTANT

*ALL LICENSING AND CONTRACTING APPOINTMENT  
PAPERWORK IS TO BE FAXED TO 860-331-8551 ATTENTION:  
CONTRACTING*

**Include:**

1. Contract
2. Proof of Errors & Omissions coverage
3. Attach copies of all active insurance licenses
4. Voided Check

*For faster processing please use this form as your cover page*

**Or MAIL to:**  
Atlantic Financial  
171 Market Square  
Suite 106  
Newington, CT 06111

Sincerely,

The Atlantic Financial Team

# Appointment Data Sheet

## FIXED AND VARIABLE APPOINTMENTS

States in which I would like to sell fixed life insurance products: \_\_\_\_\_

License #'s \_\_\_\_\_

States in which I would like to sell variable life and annuity products: \_\_\_\_\_

License #'s \_\_\_\_\_

## PERSONAL DATA - broker

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Residence  
Address \_\_\_\_\_  
Street City State Zip

Business Phone \_\_\_\_\_ CRD # \_\_\_\_\_

## BROKER-DEALER N.A.S.D. AFFILIATION (if applicable)

Name \_\_\_\_\_ CRD# \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

## GENERAL AGENCY

Name \_\_\_\_\_ Branch Code \_\_\_\_\_

Contact name \_\_\_\_\_

Telephone number \_\_\_\_\_ Email \_\_\_\_\_

By submitting this form to Sun Life Financial , the Broker-Dealer firm hereby certifies that the above named broker (1) is duly licensed and qualified for the purposes stated herein, (2) has not been convicted or plead guilty or nolo contendere to, and is not currently charged with, any (a) felony; or (b) any crime involving insurance or investments, fraud, dishonesty, false statements or omissions, wrongful taking of property, or forgery; and (3) has not had a professional license denied, suspended, or revoked for cause.

Note: If applying for a variable appointment, this application will only be processed if the broker/dealer with which you are affiliated has a valid selling agreement with Sun Life Assurance Company of Canada (U.S.) and/or Sun Life Insurance and Annuity Company of New York.

# Broker Acknowledgement

**In accordance with my appointment with Sun Life Assurance Company of Canada, Sun Life Assurance Company of Canada (U.S.), and Sun Life Insurance and Annuity Company of New York, members of the Sun Life Financial group of companies ("the Company"), I acknowledge that my authority resulting from such appointment shall be expressly limited to the solicitation of applications for approved products of the Company.**

**In connection therewith, I agree not to:**

- (i) make, alter, or discharge the Company's policies or modify any forms relating thereto;
- (ii) make any endorsements on policies; waive forfeitures; quote premium rates other than those published by the Company; guarantee or alter published dividend scales or interest rates;
- (iii) misrepresent orally or in writing, including by means of any illustration or comparable document, the terms and conditions of any insurance policy, annuity or other product offered by or distributed through the Company;
- (iv) deliver a policy if I become aware of a change in the insurability of the risk;
- (v) incur any expense or create any liability or debt for which the Company would be responsible or bind the Company in any way without the written consent of an authorized officer of the Company;
- (vi) conduct any business in the name of the Company, directly or indirectly, other than the solicitation, sale and servicing of the Company's policies;
- (vii) issue, use, modify or allow to be published circulars, advertisements, illustrations or other materials relating to the Company or its policies and services unless such publication has been approved in writing by an authorized officer of the Company;
- (viii) demand or accept any remuneration in connection with or incidental to the solicitation, sale and servicing of the Company's products, except from the Company;
- (ix) become or allow any broker to become the primary delivery address for policy holder communications:  
and
- (x) send out any material or mailers in connection with the Company that has not been pre-approved by the Company.
- (xi) pay any premium to the Company on behalf of any applicant or policyholder;
- (xii) engage in any conduct which violates applicable laws, rules, and regulations in any jurisdictions; and
- (xiii) deposit, endorse, or otherwise negotiate benefit checks, including policy loans, cash surrenders, or maturity proceeds, whether or not with policyholder's or beneficiary's authorization or to delay delivery of any such checks.

# Broker Appointment Questionnaire

## Required for fixed Life Insurance Appointments Only

(If any question is answered with a yes, please attach a full explanation.)

1. Have you filed a bankruptcy petition or been declared bankrupt or insolvent?  yes  no
2. Has any insurer you represented, including Sun Life Assurance Company of Canada, ever terminated your agent's or producer's contract other than for low production?  yes  no
3. Has any state regulatory or supervisory agency ever disciplined, sanctioned, suspended, or revoked your license?  yes  no
4. Has a bonding company denied, paid on, or revoked a fidelity bond for you?  yes  no
5. Do you have Errors & Omissions Coverage? (coverage is mandatory)  
Please attach a copy of the Certificate or Policy Summary page.  yes  no
6. Have you been a party to any Errors & Omissions claims in the last five years?  yes  no
7. a. Do you engage in any administrative, investment advisory, legal, accounting, custodial, or trustee services?  yes  no  
b. Are you a partner, officer or director of any other business?  yes  no
8. Do you currently have any open state or federal levy, tax lien, or multiple garnishments?  yes  no
9. Have you ever had any professional or occupational license canceled, refused, suspended, restricted or revoked? If yes, attach details.  yes  no
10. Have you ever been convicted of or pled guilty or nolo contendere to, or are you currently charged with, any: (1) felony; or (2) any crime involving insurance or investments, fraud, dishonesty, false statements or omissions, wrongful taking of property, or forgery; or (3) a violation of any federal law?  yes  no  
If yes, attach details.

I certify that the above statements in the Broker Acknowledgement and Broker Appointment Questionnaire are true.

\_\_\_\_\_  
Broker's Signature

\_\_\_\_\_  
Date

## General Agency Due Diligence Statement

To the best of my knowledge and belief the Broker applicant is of good character and I recommend his/her appointment. I have taken the appropriate steps to verify the accuracy and completeness of the answers to this questionnaire. I certify that a) the applicant has fulfilled and will continue to fulfill the appropriate education, examination, and training requirements for the specific states in which the applicant is requesting licensing; b) the applicant will receive close and adequate supervision and that I will make inspection when needed of any and all risks written by the applicant to the end that the interest if the public will be properly protected; and c) I will not permit the applicant to transact insurance as a Broker until duly licensed therefore.

\_\_\_\_\_  
General Agent's Signature

\_\_\_\_\_  
Date

# Pre-contracting Inquiry Release

## Required for fixed Life Insurance Appointments Only

In connection with my appointment as a Broker with Sun Life Assurance Company of Canada ("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.

**California Residents:**

I acknowledge receipt of 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. 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 check box is selected above.

I authorize any party or agency contacted by Sun Life Assurance Company of Canada 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.

Print Name: \_\_\_\_\_

Driver's License # \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address  
(if at current address \_\_\_\_\_

less than 5 years) \_\_\_\_\_

\_\_\_\_\_  
Broker's Signature

\_\_\_\_\_  
Date

# SALES REPRESENTATIVE AGREEMENT

This Agreement is made and effective between Sun Life Assurance Company of Canada (“the Company”), a member of the Sun Life Financial group of companies;

\_\_\_\_\_ (“General Agent”), and

\_\_\_\_\_ (“Sales Representative”)

as of \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (“Effective Date”)

## I. Appointment

**Section 1.1 Appointment.** General Agent shall appoint the Sales Representative to solicit applications for insurance policies ("policies") to be issued by the Company selected affiliates.

The Sales Representative accepts the appointment. The performance of business activities by the Sales Representative on behalf of General Agent and the Company shall not be construed as creating the relationship of employer and employee between Sales Representative, General Agent and the Company.

## II. Remuneration

**Section 2.1A Remuneration.** The Company will directly compensate the Sales Representative in accordance with the applicable Remuneration Schedule.

**Section 2.1B Delivery of Sales Representative's Compensation Payments.** The Company may, at its option, mail or otherwise deliver the Sales Representative's compensation payments to the General Agent, in which case General Agent shall then be responsible for delivering the payment to the Sales Representative. The Company's delivery to General Agent of any compensation payment due Sales Representative shall fully and completely discharge the Company's obligation to pay Sales Representative that particular compensation, and the Company shall have no further duty, obligation or liability to Sales Representative in the event Sales Representative does not receive such payment from General Agent.

**Section 2.2 Remuneration Schedule.** The current Remuneration Schedule on the

Effective Date of this Agreement is attached to this Agreement. The Company may, from time to time on 30 days' notice to the Sales Representative and General Agent, amend the rates and regulations of the Remuneration Schedule currently in effect or substitute another Schedule in its place at its sole discretion. All such amendments and/or substitutions are hereby incorporated by reference and, on the expiration of the 30-day notice period, shall become a part of this Agreement.

**Section 2.3 Adjustments to Remuneration.** The Company reserves the right to adjust the Sales Representative's remuneration in the event of a reinstatement, revival, refund or policy change or cancellation by the Company (or any affiliate) or in the event of the replacement of a policy issued by the Company (or any affiliate). The Company may issue regulations from time to time setting forth the circumstances under which a policy will be considered to have been reinstated, revived or replaced and for any chargeback due to cancellation. This section shall survive any termination of this agreement.

**Section 2.4 Remuneration After Termination of Agreement.** Subject to the rights of the Company under Sections 2.3 and 2.5, the Company will continue paying commissions on premiums collected during the commission-paying periods of policies if this Agreement is terminated. Such payments, if any, shall be made in accordance with the applicable Remuneration Schedule. Service fees are not vested, however, and will cease automatically if this Agreement is terminated. In some cases, the renewal commission will be reduced if this agreement is terminated. Also, if the Sales Representative fails, at any time, to remit, without delay, to the Company funds intended for the Company (or any affiliate); engages in any fraudulent or dishonest activities which may relate, directly or

indirectly, to the Company (or any affiliate), violates any law or governmental regulation or otherwise breaches any provision of this Agreement, then, at the Company's sole discretion, all commissions which had accrued or which might thereafter accrue hereunder shall immediately cease and terminate and shall revert to the Company (or any affiliate) as liquidated damages and not as a penalty. This provision shall survive any termination of this Agreement

**Section 2.5 Offset.** The Company may offset any amounts owed to the Company (or any affiliate), or any advances made to the Sales Representative, against any monies accrued or hereafter to accrue to the Sales Representative. The Company's calculation of any amounts owed to it (or any affiliate) shall be conclusive and binding on the Sales Representative. In addition, Sales Representative shall pay all costs of collection, including attorneys' fees, incurred by the Company in the enforcement of this Agreement. This section shall survive any termination of this Agreement.

### III. Authority

**Section 3.1 Authority.** The Sales Representative shall have only the authority expressly granted in this Agreement. The Sales Representative further agrees not to:

- (i) make, alter or discharge the Company's policies or modify any forms relating thereto;
- (ii) make any endorsements on policies; waive forfeitures, quote premium rates other than those published by the Company, guarantee or alter published dividend scales or interest rates;
- (iii) misrepresent orally or in writing, including by means of any illustration

or comparable document, the terms and conditions of any insurance policy, annuity or other product offered by or distributed through the Company;

- (iv) deliver a policy if the Sales Representative becomes aware of a change in the insurability of the risk;
- (v) incur any expense or create any liability or debt for which the Company would be responsible or bind the Company in any way without the written consent of an authorized officer of the Company;
- (vi) conduct any business in the name of the Company, directly or indirectly, other than the solicitation, sale and servicing of the Company's policies;
- (vii) issue, use, modify or allow to be published circulars, advertisements, illustrations or other materials relating to the Company or its policies and services unless such publication has been preapproved in writing by an authorized officer of the Company;
- (viii) demand or accept any remuneration from a third party (other than the Company) in connection with or incidental to the solicitation, sale and servicing of the Company's policies or services;
- (ix) pay any premium to the Company on behalf of any applicant or policyholder (without written disclosure to the Insured and the Company);
- (x) engage in any conduct which violates applicable laws, rules and regulations in any jurisdiction;
- (xi) deposit, endorse, or otherwise negotiate benefit checks, including policy loans, cash surrenders or maturity proceeds, whether or not



with the policyholder's or beneficiary's authorization or delay the deliver of any such checks; and

- (xii) become the primary delivery address for policyholder communications.
- (xiii) Use or disclose customer information in any manner that is not in accordance with the Company's Privacy Policy or Business Associate Rule.

**Section 3.2 Applications and Temporary Insurance Agreements.** All applications obtained by the Sales Representative, together with all related documentation, including medical examinations and other reports, shall be delivered without delay to the Company or General Agent (in accordance with its procedures), regardless of whether an application is to be proceeded with. The requirements for the Temporary Insurance Agreement, if applicable, must be expressly complied with if any money is accepted with an application and the Company reserves the right to publish procedures from time to time in connection with the use and availability of its Temporary Insurance Agreements.

**Section 3.3 Policies.** A policy may not be delivered until payment of the full initial premium for the policy is made; and then only if there has been no change in the insurability of the Insured since the completion of the application for the policy. If a policy has not been delivered, as evidenced by a signed and dated delivery receipt, for any reason within such time period after its Issue Date as may be published by the Company from time to time, the policy must be returned by the Sales Representative directly to the Company and coverage under any such non-delivered policy shall not commence.

#### IV. Termination

**Section 4.1 Termination.** This Agreement:

- (i) may be terminated by any party upon 30 days' notice in writing to the other;
- (ii) terminates on the death of Sales Representative and may be terminated immediately by the Company on dissolution or change of management control of the Sales Representative (if a corporation, partnership or other type of business entity);
- (iii) shall terminate immediately upon written agreement between the Company and the Sales Representative;
- (iv) may be terminated immediately by the Company for violation of law or governmental regulation by the Sales Representative, and
- (v) may be terminated immediately by any party for breach of any provision of the Agreement by the other party, or by the Company for any breach by the Sales Representative of any rules or regulations promulgated by the Company. It is expressly agreed that this agreement shall survive termination of the General Agent's Agreement between General Agent and the Company.

#### V. General Provisions

**Section 5.1 Assignments.** The Sales Representative shall not assign any duty, right or benefit under this Agreement, without the consent of the Company and General Agent.

**Section 5.2 Waiver.** The Sales Representative agrees that no provision of this Agreement shall be deemed to be waived by the Company unless the waiver is in writing and signed by an authorized officer of the Company stating explicitly that it is intended to modify or waive the effect of a specifically identified provision.

**Section 5.3 Sole Agreement.** The Agreement cancels and replaces all prior sales agreements made between the Company and the Sales Representative and is the sole agreement between the parties (other than the General Agent's Agreement, as to which Sales Representative is not a party or a third party beneficiary)

**Section 5.4 Severability.** The provisions of this Agreement are severable, and, if any of its provisions shall be held invalid or illegal by any court or regulatory agency of competent jurisdiction, the remainder of this Agreement shall not be affected and such remaining provisions shall be valid and enforceable to the extent permitted by law.

**Section 5.5 Insurer's Property and Inspection of Records.** In order to assist the Sales Representative in the sale of the policies, the Company may make available from time to time sales materials or manuals, policyholder information and other business records kept in the ordinary course of business which the Sales Representative acknowledges to be the property of the Company. The Company shall be entitled to inspect the books and records of the Sales Representative, as they relate in any way to the Company's business, at any time. The Sales Representative agrees to return upon demand or upon termination of this Agreement all such property and any undelivered policies.

**Section 5.6 Compliance.** The Sales Representative agrees to conduct business under this Agreement in compliance with all applicable written procedures, rules and regulations the Company has or may establish to govern the conduct of its business, including the Company's Code of Business Conduct and its Field Compliance Manual.

**Section 5.7 Notices.** The respective addresses for notices shall be as follows (unless changed):

Sun Life Assurance Company of Canada  
One Sun Life Executive Park  
Wellesley Hills, MA 02481  
Attn: Individual Insurance, SC 1128

Sales Representative  
Name \_\_\_\_\_  
—  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

General Agent  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**Section 5.8 Indemnification.** The Sales Representative agrees to indemnify and hold the Company and General Agent harmless from all claims, liabilities and expenses (including attorneys fees) made by any third party, including policyholders and brokers, arising from the negligent or intended act or omission of the Sales Representative or any agents or employees.

**Section 5.9 Insurance.** The Sales Representative shall obtain and keep in place professional insurance coverages, including errors and omissions, in an amount as required by the Company from time to time. The Sales Representative shall provide the Company with thirty (30)

days advance written notice of any cancellation, termination, or material alteration of, or any reduction in, such coverage. Upon Company's request, Company shall have the right to inspect or obtain a copy of the original policies of insurance

**Section 5.10 Governing Laws.** This Agreement shall be interpreted, construed, enforced and governed in all respects under

the internal laws of the Commonwealth of Massachusetts.

Upon execution, in duplicate, by an authorized officer of the Company at its offices in Wellesley Hills, Massachusetts, by the General Agent and by the Sales Representative, this Agreement shall thereupon be effective as of the Effective Date.

By signing this Agreement, the undersigned Sales Representative acknowledges receipt of the Company's Field Compliance Manual, including the Code of Business Conduct and agrees to sign, on an annual basis at the request of the Company, a compliance certificate as to such materials.

## **SALES REPRESENTATIVE**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

## **GENERAL AGENT**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

(Additional signature page follows)

**SUN LIFE ASSURANCE COMPANY OF CANADA**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

**Give form to the  
requester. Do not  
send to the IRS.**

Please print or type

Name (See **Specific Instructions** on page 2.)

Business name, if different from above. (See **Specific Instructions** on page 2.)

Check appropriate box:  Individual/Sole proprietor  Corporation  Partnership  Other ▶ .....

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

**Note:** *If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.*

Social security number								
				+				

or

Employer identification number								
	+							

List account number(s) here (optional)

## Part II For U.S. Payees Exempt From Backup Withholding (See the instructions on page 2.)

## Part III Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

**Sign Here**      **Signature of U.S. person ▶**

**Date ▶**

### Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**Use Form W-9 only if you are a U.S. person** (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**If you are a foreign person, use the appropriate Form W-8.** See **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

**Note:** *If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.*

**What is backup withholding?** Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. **Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate **Instructions for the Requester of Form W-9**.

### Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

**Name.** If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

**Sole proprietor.** Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

### Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an **LLC** that is **disregarded as an entity** separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

**Note:** See the chart on this page for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site at [www.irs.gov](http://www.irs.gov).

If you do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all

such payments until you provide your TIN to the requester.

**Note:** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

### Part II—For U.S. Payees Exempt From Backup Withholding

Individuals (including sole proprietors) are **not** exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the separate Instructions for the Requester of Form W-9.

If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding. Enter your correct TIN in Part I, write "Exempt" in Part II, and sign and date the form.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

### Part III—Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified state tuition program payments, IRA or MSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

### Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to

report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.



# A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the [complete text of the FCRA](#), 15 U.S.C. §§1681-1681u. The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.



- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

**FOR QUESTIONS OR CONCERNS REGARDING PLEASE CONTACT**

CRA's, creditors and others not listed below

National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)

Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)

Federal credit unions (words "Federal Credit Union" appear in institution's name)

State-chartered banks that are not members of the Federal Reserve System

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission

Activities subject to the Packers and Stockyards Act, 1921

Federal Trade Commission

Consumer Response Center- FCRA

Washington, DC 20580 \* 202-326-3761

Office of the Comptroller of the Currency

Compliance Management, Mail Stop 6-6

Washington, DC 20219 \* 800-613-6743

Federal Reserve Board

Division of Consumer & Community Affairs

Washington, DC 20551 \* 202-452-3693

Office of Thrift Supervision

Consumer Programs

Washington D.C. 20552\* 800- 842-6929

National Credit Union Administration

1775 Duke Street

Alexandria, VA 22314 \* 703-518-6360

Federal Deposit Insurance Corporation

Division of Compliance & Consumer Affairs

Washington, DC 20429 \* 800-934-FDIC

Department of Transportation

Office of Financial Management

Washington, DC 20590 \* 202-366-1306

Department of Agriculture

Office of Deputy Administrator-GIPSA

Washington, DC 20250 \* 202-720-7051

## California Investigative Consumer reporting Agencies Act Summary of the provisions of Section 1786.22

- (a) An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.
- (b) Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:
  - (1) In person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.
  - (2) By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.
  - (3) A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.
- (c) The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described above, may an investigative consumer reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify his identity.
- (d) The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him pursuant to Section 1786.10.
- (e) The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.
- (f) The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's file in such person's presence.

**Sun Life Assurance Company of Canada  
Commission Remuneration Schedule  
Contract Type- L6**

Product	----- Percentage of Premium -----		----- Renewal Premium -----	
	Up to Target	In Excess of Target in Yr.1	Years 2-10	Years 11+
Sun Univ. Protector Lapse Protection 3 & Sun Survivorship UL Lapse Protection 3	85 up to 12 months	2	3	0
Sun Univ. Protector Plus-effective 7/23/2007	85 up to 12 months	2	3	0
Sun Univ. Protector LP4 effective 5/05/2008	85 up to 12 months	2	3	0

I agree that my sole claim of remuneration, except as provided below, shall be against the General Agent and not against Sun Life Assurance Company of Canada (“The Company”). I acknowledge that The Company will make payment directly to me if the General Agent is terminated and if I subsequently specifically request in writing that The Company do so. In that event, The Company will pay commissions due and accruing thereafter premiums that are subsequently paid on policies in force with The Company at the date of notification and on policies which list me as the broker of record. Renewal commissions will be paid based on the premiums collected by The Company on years two through ten or as revised by The Company from time-to-time. Commissions paid hereunder are vested.

Broker’s Signature	Date	General Agent’s Signature	Date
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Renewal / excess premium rates apply to all premiums paid in excess of Maximum Commissionable Premium (MCP)

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**Sun Life Assurance Company of Canada  
Commission Remuneration Schedule  
Contract Type- I3**

Product	----- Percentage of Premium -----		----- Renewal Premium -----	
	Up to Target	In Excess of Target in Yr.1	Years 2-10	Years 11+
Sun Univ. Protector Lapse Protection 3 & Sun Survivorship UL Lapse Protection 3	75 up to 12 months	2	3	0
Sun Univ. Protector Plus-effective 7/23/2007	75 up to 12 months	2	3	0
Sun Univ. Protector LP4 effective 5/05/2008	75 up to 12 months	2	3	0

I agree that my sole claim of remuneration, except as provided below, shall be against the General Agent and not against Sun Life Assurance Company of Canada (“The Company”). I acknowledge that The Company will make payment directly to me if the General Agent is terminated and if I subsequently specifically request in writing that The Company do so. In that event, The Company will pay commissions due and accruing thereafter premiums that are subsequently paid on policies in force with The Company at the date of notification and on policies which list me as the broker of record. Renewal commissions will be paid based on the premiums collected by The Company on years two through ten or as revised by The Company from time-to-time. Commissions paid hereunder are vested.

\_\_\_\_\_  
Broker’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
General Agent’s Signature

\_\_\_\_\_  
Date

Renewal / excess premium rates apply to all premiums paid in excess of Maximum Commissionable Premium (MCP)

Rev (5/08)