

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

(Hereinafter referred to as "the Company")
 One Sun Life Executive Park, Wellesley Hills, MA 02481

Temporary Life Insurance Application



- | | Proposed Insured | 2nd Proposed Insured |
|---|--|--|
| 1. Within the last three years, have you, the Proposed Insured, consulted a physician or received treatment for cancer, stroke, pneumonia, heart attack or any disease of the heart? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you, the Proposed Insured, within the last 60 days had or been advised to have any diagnostic test, treatment or surgery not yet performed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do you, the Proposed Insured, have health symptoms or complaints for which a physician has not yet been consulted or treatment received? For example, persistent fever, unexplained weight loss, loss of appetite, pain or swelling, etc.? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If any of the previous questions has a "Yes" answer, no payment will be accepted. Do not detach receipt.

I/we have read and understand the conditions of the Temporary Life Insurance Agreement and agree that the above statements are complete and true to the best of my/our knowledge and believe that they are correctly recorded.

Signature of Proposed Insured X	Date (m/d/y)
Signature of 2nd Proposed Insured X	Date (m/d/y)
Signature of Owner X	Date (m/d/y)

TEMPORARY LIFE INSURANCE AGREEMENT AND RECEIPT

We will provide temporary life insurance coverage on the person(s) proposed for insurance who have signed the Temporary Life Insurance Application, made an advance payment and completed Part 1 of the Application, subject to the following:

Person(s) Covered – Coverage will be provided on: (a) the proposed insured(s); or (b) the surviving insured on a plan that insures two lives and provides a benefit on the death of the surviving insured.

Start of Coverage – Coverage begins with the date you complete and sign the Temporary Life Insurance Application, and provide us with a valid check equal to a minimum of two months premium, or the full modal premium, for the lesser of: (a) the amount of coverage requested; (b) \$2,000,000 if coverage is to be single life; (c) \$4,000,000 if coverage requested is joint and last survivor. No advance payment may be taken on applications with coverage exceeding \$2,000,000 on a single life or \$4,000,000 on a joint and survivor contract until the life insurance underwriter has communicated their final decision and a policy has been presented to policy owner or trustee.

Limitation of Coverage – No coverage will be provided if: (a) if the proposed insured(s) age is 71 or greater; (b) any question material to our assessment of the risk on the Temporary Life Insurance Application is not answered completely and truthfully; (c) any question on the Temporary Life Insurance Application is answered "Yes"; or (d) a proposed insured whether sane or insane, commits suicide.

Amount and Limitation of Amount – Amount of coverage will be the amount you request in the Part 1 of the Application associated with this Temporary Life Insurance Application subject to limitations. Coverage on any person under this and all other temporary life insurance agreements with us will be limited to the lesser of: (a) the amount of coverage requested on the Part 1 of the Application associated with this Temporary Life Insurance Application; (b) \$2,000,000 if coverage is single life; (c) \$4,000,000 if coverage requested is joint and last survivor. These amounts are inclusive of any Accidental Death Benefit if elected. If more than one life insurance application is pending on any person and the total amount of insurance applied for exceeds \$2,000,000 on a single life application and \$4,000,000 on a joint and survivor application, then the coverage under this Temporary Life Insurance Agreement will be reduced to that proportion of \$2,000,000 single life or \$4,000,000 if joint and survivor, which the amount applied for under the Part 1 of the Application associated with this Temporary Life Insurance Application bears to the total amount applied for under all such applications for temporary life insurance coverage.

Termination of Coverage – Coverage will terminate on the earlier of the following dates: (a) you request; or (b) of written notice from “the Company”; or (c) the ninetieth (90th) day following the date of this Temporary Life Insurance Application; or (d) of refund of any advance payment made with the application associated with this Temporary Life Insurance Application; or (e) the day the policy is issued.

Payment of Benefits – No benefits will be paid on the first death on a plan that insures two lives while covered by this Temporary Life Insurance Agreement. If proposed insureds’ deaths occur simultaneously or within 30 days of each other, the benefit will be paid to the beneficiary named in the application associated with this Temporary Life Insurance Application.

The Company acknowledges receipt of

\$

paid in connection with application for life insurance on the life/lives of

	Date (m/d/y)
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Name of Owner	Signature of Owner X
Name of Broker/Registered Representative	Signature of Broker/Registered Representative X

For Traditional applications, premium checks must be made payable to Sun Life Assurance Company of Canada. For Variable Universal Life applications, premium checks must be made payable to Sun Life Assurance Company of Canada (U.S.).

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