License/Appointment Data Sheet Sun Life Assurance Company of Canada (U.S.)



1. Instructions				
	To sell Sun Life Assurance Company of Canada (U.S.) Variable Annuities products an Agent/Broker must first be properly licensed and then appointed by Sun Life Assurance Company of Canada (U.S.), a member of the Sun Life Financial group of companies. This form is designed to help expedite this process.			
	I would like to sell the fol	llowing Sun Life Assurance Comp	any of Can	ada (U.S.) products:
Please check appropriate box(es).	☐ Fixed annuities ☐ Variable annuities ☐ Fixed and Variable annuities in the states of:			
Please attach a copy of the state insurance				
licenses for which you are requesting an appointment.	NOTE : This application for licensing/appointment will only be processed if the General Agent and/or Broker/Dealer with whom you are affiliated has signed and returned a Sun Life Assurance Company of Canada (U.S.) selling agreement and complied with applicable corporate licensing requirements.			
IMPORTANT: When completed, please mail or fax to:	Sun Life Financial Licensing Department P.O. Box 9133 Wellesley Hills, MA 02481 Fax Number: 781-304-5301			
	-	assistance, please call 1-800-752-		
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2. Personal Data		·		
Please PRINT clearly.	Name		☐ Male ☐ Female	Social Security Number
	General Agency/Broker Dealer			
	Business Address			
	Residence Address			
	Business Phone	Rep Number		Date of Birth (m/d/y)
	Have you ever had any license (other than Driver's license) canceled, refused, suspended, restricted, or revoked?			
If "Yes," please provide details.	_			
	Have you ever been convicted of or pled guilty or nolo contendere ("No Contest") to: (1) any 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?			
If "Yes," please provide details.				
	Are you a registered representative?			
If "Yes," please provide Broker/Dealer N.A.S.D. Affiliation.	Broker/Dealer N.A.S.D Affiliation			
raimadon.	Is this a request for Sun Life Assurance Company of Canada (U.S.) to sponsor your resident license application?			

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3. Investigative Consumer Report Release Form; Broker Background Check

In connection with my contracting and/or appointment as an insurance broker with Sun Life Assurance Company of Canada (U.S.), and/or any of its affiliated companies, ("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 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. 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 authorize any party or agency contacted by the Company, its representatives, or a consumer reporting agency with which it has contracted for services, to furnish the above-mentioned information directly to the Company, its representatives or the consumer reporting agency, 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 directly from me or from any source. I have reviewed and understand the summary of my rights under the federal Fair Credit Reporting Act, located at www.ftc.gov/os/statutes/fcra.htm.

California Residents: I acknowledge reviewing the summary of Section 1786.22 of California Investigative Consumer Reporting Agencies Act at www.privacyprotection.ca.gov 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 following agency:

Business Information Group, Inc.

P.O. Box 130

Southampton, PA 18966

Telephone: 800-260-1680

Do you wish to have a copy of the report	sent to you by the Company?
Name	Drivers License Number
Signature X	Date (m/d/y)