

Sun Life Assurance Company of Canada

Direct Deposit Authorization

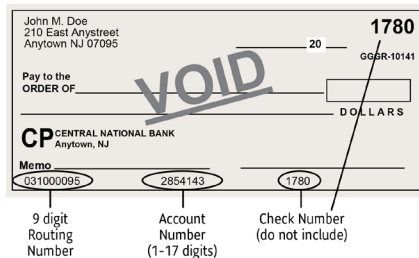


To enjoy the safety and convenience of Sun Life Assurance Company of Canada's direct deposit services, simply complete this form with your Checking account information and return it to your Sun Life Assurance Company of Canada representative. Please note we cannot receive Savings account information.

1 Insured information (please print clearly)

| | | | | |
|---|----------------|-----------|----------------------------|----------|
| First name | Middle initial | Last name | Date of birth (mm/dd/yyyy) | |
| Street address | | City | State | Zip code |
| Employer name | | | Group policy number | |
| Name of authorized representative signing this form (if applicable) | | Title | Phone number | |

2 Financial institution



| | |
|---|--|
| Name of individual(s) on Checking Account | |
| Name of bank or financial institution | City and state of bank or financial institution |
| Insured/employee's Routing number at bank or financial institution | Insured/employee's Checking Account number at bank or financial institution |

3 Insured authorization statement

I hereby authorize Sun Life Assurance Company of Canada, including any of its subsidiaries and affiliates, ("Sun Life") to make all payments due under the policy listed above by direct deposit to the account designated above. This authorization shall be effective until further written notice from me, or another legally authorized representative, is received by Sun Life. I understand that Sun Life needs at least five (5) business days to process any change to this authorization.

I certify that the above listed account information accurately reflects the correct Checking account number and routing number. I agree not to hold Sun Life responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or due to an error on the part of my financial institution, in depositing funds to my account.

To correct any overpayments credited to this account, I hereby authorize and direct the financial institution designated above to debit this account and refund such overpayment to Sun Life.

| | |
|---|-------------------|
| Signature of insured/employee X | Date (mm/dd/yyyy) |
| Signature of authorized representative (if applicable) X | Date (mm/dd/yyyy) |

Contact us



By mail

Sun Life Assurance Company of Canada
96 Worcester Street
Wellesley Hills, MA 02481



By fax

Short-Term Disability Claims: 781-304-5599
Long-Term Disability Claims: 781-304-5537



By e-mail

myclaimdocuments@sunlife.com



www.sunlife.com/us



Customer Service **800-247-6875** M–F 8:00 a.m. – 8:00 p.m., ET

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