

SERFF Tracking Number: SUNL-125951747 State: Arkansas  
Filing Company: Sun Life Assurance Company of Canada (U.S.) State Tracking Number: 41172  
Company Tracking Number: ELECTRONIC APPLICATION  
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other  
Product Name: Electronic Application  
Project Name/Number: Electronic Application/Electronic Application

## Filing at a Glance

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

Product Name: Electronic Application

TOI: A10 Annuities - Other

Sub-TOI: A10.000 Annuities - Other

Filing Type: Form

Implementation Date Requested: On Approval

State Filing Description:

SERFF Tr Num: SUNL-125951747

SERFF Status: Closed

Co Tr Num: ELECTRONIC

APPLICATION

Co Status:

Authors: Margaret Carvalho, Fran

Daly, Thomas Miele, Christopher

McAuliffe, Pat Squillacioti, Joseph

Cohen

Date Submitted: 12/19/2008

State: ArkansasLH

State Tr Num: 41172

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 12/23/2008

Disposition Status: Approved

Implementation Date:

## General Information

Project Name: Electronic Application

Project Number: Electronic Application

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/23/2008

State Status Changed: 12/23/2008

Corresponding Filing Tracking Number:

Filing Description:

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

NAIC # 549-79065

FEIN # 04-2461439

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: We are pending approval in our domicile state of Delaware.

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

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Re: 2009-EDI-E01 - Application

Dear Sir or Madam:

We submit the above listed form for your review and approval. This form is new and does not replace any other form previously approved by your Department. It is submitted in final printed form and is subject only to minor modifications in paper stock, ink, and adaptation to computer printing.

This form is intended to comply with all laws, rules, bulletins and published guidelines applicable to these forms. It has been filed and is pending with our domiciliary state of Delaware.

2009-EDI-E01 - Application

This application is for use in both paper and electronic formats. The electronic version will be used initially in conjunction with a pilot project intended as the first phase of implementing the NAVA Straight-Through Processing (STP) Initiative. NAVA engaged a number of contributors across the industry, including Sun Life Assurance Company of Canada (U.S.), to develop a variable annuity application with a common form and order in an effort to provide distributors with more uniformity in the sales process.

This application, or another approved paper application, will be used for those applicants that do not wish to use electronic processes. We will not decline to do business with individuals based on their wish to utilize only paper documents. Applicants who opt for electronic transactions may request paper copies and to use paper forms at a later date.

This application will be initially used with the following contracts that were previously approved by your Department:

Form Number	Title	Approval Date
FIIII-IND-MVAPR-02	Masters Access	4/10/2002
RCHII-IND-MVAPR-02	Masters Choice	4/10/2002
FAII-IND-MVAPR-02	Masters Extra	4/10/2002
RFFII-IND-MVAPR-02	Masters Flex	2/12/2002

The enclosed application includes fields that may vary based on the product applied for. The use of variability in the

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enclosed forms will be administered as described in the enclosed statement of variability and in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

A readability certification has not been included with this submission as this form is used with products regulated as a security by the Securities and Exchange Commission (SEC), which are not subject to readability requirements.

Please do not hesitate to contact me if you have any questions regarding this submission. Thank you for your attention to this matter.

## Company and Contact

### Filing Contact Information

Pat Squillacioti, Compliance Consultant patricia.squillacioti@sunlife.com  
 112 Worcester Street (800) 432-1102 [Phone]  
 Wellesley Hills, MA 02481 (781) 416-3970[FAX]

### Filing Company Information

Sun Life Assurance Company of Canada (U.S.) CoCode: 79065 State of Domicile: Delaware  
 One Sun Life Executive Park Group Code: 549 Company Type:  
 State Filings, SC2175  
 Wellesley Hills, MA 02481 Group Name: State ID Number:  
 (800) 432-1102 ext. [Phone] FEIN Number: 04-2461439  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sun Life Assurance Company of Canada (U.S.)	\$50.00	12/19/2008	24638701

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	12/23/2008	12/23/2008

*SERFF Tracking Number:*      *SUNL-125951747*                      *State:*                      *Arkansas*  
*Filing Company:*              *Sun Life Assurance Company of Canada (U.S.)*      *State Tracking Number:*      *41172*  
*Company Tracking Number:*      *ELECTRONIC APPLICATION*  
*TOI:*                      *A10 Annuities - Other*                      *Sub-TOI:*                      *A10.000 Annuities - Other*  
*Product Name:*              *Electronic Application*  
*Project Name/Number:*      *Electronic Application/Electronic Application*

## **Disposition**

Disposition Date: 12/23/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	SOV 2009-EDI-E02		Yes
<b>Form</b>	E-Business Application		Yes

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## Form Schedule

### Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	2009-EDI-E02	Application/ E-Business Enrollment Application Form	Initial		0	2009-EDI-E02 Sun Life E-Application AR - 20081210.pdf

# Sun Life Financial E-Business Application



Sun Life Assurance Company of Canada (U.S.)  
112 Worcester Street  
Wellesley Hills, MA 02481  
(800) 752-7216

## Section 1 – Product/Contract Information

Product: \_\_\_\_\_ Purchase Payment: \_\_\_\_\_  
State of Sale: Arkansas Living Benefit Rider (Y/N): \_\_\_\_\_  
Surrender Charge Schedule: \_\_\_\_\_

## Section 2 – Owner(s) Information

Complete Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Social Security Number/TIN: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Citizenship: \_\_\_\_\_

### Co-Owner

Complete Legal Name: \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Social Security Number/TIN: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Citizenship: \_\_\_\_\_

## Section 3 – Annuitant(s) Information

Complete Legal Name: \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Social Security Number/TIN: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Citizenship: \_\_\_\_\_

### Co-Annuitant

Complete Legal Name: \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Social Security Number/TIN: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Citizenship: \_\_\_\_\_

**Section 4 - Beneficiary(ies) Information**

Name                      Relationship                      Percentage                      Date of Birth                      Gender                      Role

**Section 5 – Contract Type and Source of Funds**

Non-Qualified:

New Purchase     1035/Transfer

Qualified: \_\_\_\_\_

Contribution for Tax Year: \_\_\_\_\_

Direct Transfer or Roll-over                       Individually Owned                       Employer Plan

**Section 6 – Optional Benefits**

Death Benefit: \_\_\_\_\_

Living Benefit: \_\_\_\_\_

Interest Credit Option: \_\_\_\_\_

*If a Death Benefit Option is not selected, the Basic Death Benefit will be paid to the beneficiary.*

*Transfers out of Secured Returns for Life Plus will result in rider cancellation. The rider charge will continue to be imposed until the seventh contract anniversary.*

**Optional Programs:**

Asset Allocation

Dollar Cost Averaging: \_\_\_\_\_                      Frequency: \_\_\_\_\_

Portfolio Rebalance    Frequency: \_\_\_\_\_

Systematic Withdrawal    Frequency: \_\_\_\_\_

**Section 7 – Investment Selection**

Fund Name	Percent	Fund Name	Percent

## Section 8 – Notices and Disclaimers

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### **Sales Material:**

Only Sun Life Assurance Company of Canada (U.S.) issued sales materials should have been used in the sale of this contract to you. Please advise if sales materials, other than company issued materials, were used during the sales process. If you have any questions about the sales materials used, please advise us at the number referenced above.

### **Suitability of this Annuity:**

Sun Life Assurance Company of Canada (U.S.) requires that all recommendations for the purchase or exchange of its annuity products to be suitable for the consumer based on the information known by the producer at the time of application. Prior to making a recommendation for the purchase or exchange of an annuity product, the producer must make a reasonable effort to obtain and assess relevant information (financial assets, risk tolerance and financial objectives as they relate to your insurance needs and financial objectives). Producers are required to maintain a record of this information.

### **Fraud Warning:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

## Section 9 – Customer Acknowledgements and Signature(s)

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### **Contract replacements**

Will the proposed contract replace an existing life insurance policy or annuity contract?

Yes

No

### **[Important information about procedures for applying for a contract**

**Customer identification notice:** To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who makes an application. This means we will ask for your name, address, date of birth and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.

I have read the above customer identification notice. I understand that the identity information being provided by me is required by federal law to be collected in order to verify my identity and I authorize its use for this purpose.]

**I have read the fraud warning contained in Section 8.**

**I acknowledge receipt of current product and fund prospectuses and Sun Life Assurance Company of Canada (U.S.)'s Privacy Policy.**

I hereby represent that my answers to the questions on this application are correct and true to the best of my knowledge and belief.

Signature of owner	Date signed (mm/dd/yyyy)
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Signature of co-owner	Date signed (mm/dd/yyyy)
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## Section 10 – Registered Representative Information and Signature(s)

### Anti-money laundering training acknowledgement

I have received anti-money laundering training within the last 12 months, given by the company, another insurance company or other financial institution, or offered through a national association (e.g., NAIFA, NAILBA) or competent third party (e.g., LIMRA). I also hereby acknowledge my obligations, including compliance with the company's Anti-Money Laundering Program, as described in the company's Market Conduct Guide for Individual Life and Annuity Producers.

### [Anti-money laundering customer identity information

I have reviewed the owner's identity document presented and recorded the following information from it:

Applicant name		Date of birth (mm/dd/yyyy)	
Address (number, street, apartment or suite)			
City		State	Zip
Type of ID document - Individual	ID number		Expiration date (mm/dd/yyyy)
Type of ID document – Corporate or other non-natural person (a government issued document showing the existence of the entity e.g. a certificate of good standing equivalent)			
Date of incorporation or trust	Issue date of ID document	State of issue	

### Contract replacements

To your knowledge is there, or may there be, a replacement involved in the purchase of this contract?

Yes

No

Agent Name

Percent

SSN

Signature of Registered Representative	Date signed (mm/dd/yyyy)
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**\*Please fax this signed document to 781-304-5383**

Confirmation Number:

Customer Account Number:



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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 12/17/2008

**Comments:**

**Attachment:**

Certificate of Compliance Rule & Reg 19.pdf

### Review Status:

**Satisfied -Name:** SOV 2009-EDI-E02 12/19/2008

**Comments:**

**Attachment:**

SOV 2009-EDI-E02.pdf

**STATE OF ARKANSAS  
INSURANCE DEPARTMENT**

CERTIFICATE OF COMPLIANCE WITH RULE AND REGULATION 19

**RE: Form Number:**

Application: 2009-EDI-02

We hereby certify that the guidelines established in Arkansas Rule and Regulation 19 have been reviewed and the policy form(s) designated above comply(ies) with these guidelines.

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

A handwritten signature in black ink that reads "Thomas Miele". The signature is written in a cursive style with a long horizontal stroke at the beginning.

Thomas Miele, Assistant Vice President, Annuities

December 18, 2008

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Date

Variable Material dated 12-17-08  
Form: 2009-EDI-E02

<b>Annuity Application</b>		
<b>Application Section</b>	<b>Variable Field</b>	<b>Description</b>
<b>Section 1 – Product/Contract Information</b>	Product Name	The selection of product includes the current four products: Sun Life Financial Masters Access Annuity Sun Life Financial Masters Choice Annuity Sun Life Financial Masters Extra Annuity Sun Life Financial Masters Flex Annuity We may offer additional products or discontinue offering products in the future.
<b>Section 6 – Optional Benefits</b>	Death Benefit	The selection of optional Death Benefit include the current six choices: two Earnings Enhancement Benefits(EEB) EEB Premier EEB Premier Plus two Stepped-Up Death Benefits: Maximum Anniversary Account Value Benefit (MAV) 5% Premium Roll-Up Benefit two Combination Protection: EEB Premier with MAV EEB Premier with 5% In the future we may offer additional death benefits at which time the benefit will appear or we may discontinue offering a benefit at which time the selection will not appear.
	Living Benefit	The selection of optional living benefit riders include the current six riders: Retirement Asset Protector Secured Returns for Life Plus Retirement Income Escalator II Income ON Demand II Income ON Demand II Plus Income ON Demand Escalator In the future we may offer additional riders and/or discontinue offering a living benefit rider. Currently the riders (except Secured Returns for Life Plus) offer a single or joint life option. In the future we may discontinue offering this option at which time this text will not appear.
	Interest Credit Option	The choice of Interest Credit Options, available with the Masters Extra product are: Option A – 2%/Five Year Anniversary and may vary from 0.5% to 5%. Option B – 6% Interest Option and may vary from 1% to 12%

<b>Annuity Application</b>		
<b>Application Section</b>	<b>Variable Field</b>	<b>Description</b>
Optional Programs:	Dollar Cost Averaging	The current maximum number of investments allowed is 12. In the future this may vary between 6 and 24. The current duration offered is 6-month and 12-month. In the future the duration may range from 3-month to 24-months. The current frequency offered is monthly if 6-month DCA and monthly or quarterly if 12-month DCA. In the future the frequency may range from monthly to annually.
	Portfolio Rebalancing	The current frequencies offered for Portfolio Rebalancing are Quarterly or Annual Rebalancing. In the future the frequency may range from monthly to annually.
<b>Section 7 - Investment Selection</b>	Fund Name and Percent	The selection of funds and percentages are made from the list of available funds offered at the time of application.
<b>Section 9 - Customer Acknowledgements and Signature(s)</b>	Important information about procedures for applying for a contract. Customer Identification Notice: ... for this purpose.	The Customer Identification Notice language is not yet final. Once final, this section will be updated to comply with Federal Patriot Act requirements.
<b>Section 10 - Registered Representative Information and Signature(s)</b>	Anti-Money Laundering Customer Identity Information ... State of Issue	The Anti-Money Laundering Customer Identity Information language is not yet final. Once final, this section will be updated to comply with Federal Patriot Act requirements