

SERFF Tracking Number: SUNL-126064123 State: Arkansas
Filing Company: Sun Life Assurance Company of Canada State Tracking Number: 41761
Company Tracking Number: UL-SIE-2009
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: UL-SIE-2009
Project Name/Number: UL-SIE-2009/UL-SIE-2009

Filing at a Glance

Company: Sun Life Assurance Company of Canada

Product Name: UL-SIE-2009 SERFF Tr Num: SUNL-126064123 State: Arkansas
TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num: 41761
Adjustable Life Closed
Sub-TOI: L09I.001 Single Life Co Tr Num: UL-SIE-2009 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Disposition Date: 03/12/2009
Authors: Margaret Carvalho,
Thomas Miele, Christopher
McAuliffe, Pat Squillaciotti
Date Submitted: 03/09/2009 Disposition Status: Approved-
Closed
Implementation Date: Implementation Date:

Implementation Date Requested: On Approval
State Filing Description:

General Information

Project Name: UL-SIE-2009
Project Number: UL-SIE-2009
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 03/12/2009

Deemer Date:
Submitted By: Margaret Carvalho

Filing Description:
Sun Life Assurance Company of Canada
NAIC # 549-80802
FEIN # 38-1082080

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments: These forms are
exempt from filing in our domiciliary state of
Michigan.
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 03/12/2009
Created By: Christopher McAuliffe
Corresponding Filing Tracking Number: UL-
SIE-2009

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Re: UL-SIE-2009 - Policy Endorsement
14-705 - Application Supplement

Dear Sir or Madam:

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

These forms are intended to comply with all laws, rules, bulletins and published guidelines applicable to these forms. They are exempt from filing in our domiciliary state of Michigan.

UL-SIE-2009 - Policy Endorsement

Form UL-SIE-2009 is an endorsement elected by the policyholder at issue that allows the policyholder to schedule increases in the supplemental insurance amount of the policy. There is no charge for this endorsement. This endorsement will be initially used with previously approved universal life policy form UL-SCOLI-07.

14-705 – Application Supplement

This application supplement will be used along with our previously approved life insurance application whenever the applicant elects to utilize the enclosed policy endorsement. The previously approved life insurance applications with which it will be used initially are forms 2007 SCOLI 45/11, 2007 SCOLI 45/12, 2007 SCOLI 45/13, and 2007 SCOLI 45/13 XGI.

The issue ages for this endorsement are the same as with the base policy.

When calculated with the policy, this endorsement and application supplement achieves a readability score of 50+.

The enclosed forms include brackets around the items that may vary. The bracketed items shown are the values that will currently print for each respective form. The use of variability in the enclosed forms will be administered as described in the enclosed Memorandum of Variability and in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

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

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Company and Contact

Filing Contact Information

Chris McAuliffe, Compliance Consultant chris.mcauliffe@sunlife.com
 One Sun Life Executive Park 781-446-6828 [Phone]
 Wellesley Hills, MA 02481 781-237-3327 [FAX]

Filing Company Information

Sun Life Assurance Company of Canada CoCode: 80802 State of Domicile: Michigan
 One Sun Life Executive Park Group Code: 549 Company Type:
 SC2175, State Filings Group Name: State ID Number:
 Wellesley Hills, MA 02481 FEIN Number: 38-1082080
 (800) 432-1102 ext. [Phone]

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	\$50.00	03/09/2009	26238189

<i>SERFF Tracking Number:</i>	<i>SUNL-126064123</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sun Life Assurance Company of Canada</i>	<i>State Tracking Number:</i>	<i>41761</i>
<i>Company Tracking Number:</i>	<i>UL-SIE-2009</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
<i>Product Name:</i>	<i>UL-SIE-2009</i>		
<i>Project Name/Number:</i>	<i>UL-SIE-2009/UL-SIE-2009</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	03/12/2009	03/12/2009

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Application	Margaret Carvalho	03/09/2009	03/09/2009

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	No	No
Supporting Document (<i>revised</i>)	Application	Yes	Yes
Supporting Document	Health - Actuarial Justification	No	No
Supporting Document	Outline of Coverage	No	No
Supporting Document	Memorandum of Variable Material	Yes	Yes
Supporting Document	Application	Yes	Yes
Form	Policy Amendment	Yes	Yes
Form	Application Supplement	Yes	Yes

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Amendment Letter

Submitted Date: 03/09/2009

Comments:

Supporting Documentation, Application Tab has been updated to correctly reflect the application form numbers. Please accept my apologies.

Thank you,

Margaret

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Application

Comment: The following are applications that were previously approved effective 6/28/2007.

- 2007 SCOLI 45-12 - Master Application for Corporate Life Insurance
- 2007 SCOLI 45-13 - Application for Life Insurance
- 2007 SCOLI 45-13 XGI - Application for Life Insurance
- 2007 SCOLI 45-11 - Application for Life Insurance
- 2007 SCOLI Consent XGI - Consent to Purchase of Insurance

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Form Schedule

Lead Form Number: UL-SIE-2009

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	UL-SIE-2009	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Policy Amendment	Initial		50.000	UL-SIE-2009.pdf
	14-705	Other	Application Supplement	Initial		50.000	14-705 - Application Supplement for Scheduled Increases.pdf

SUN LIFE ASSURANCE COMPANY OF CANADA

POLICY ENDORSEMENT

This endorsement is part of the Policy to which it attaches and is effective as of the Policy Date. If the terms of this endorsement and the Policy conflict, this endorsement's provisions will control.

DEFINITIONS

The definition of Supplemental Insurance Face Amount is amended and replaced with the following:

Supplemental Insurance Face Amount: The amount of additional insurance coverage including any applicable scheduled increase amount as shown in Section 1 of the Policy.

DEATH BENEFIT

The following provisions are added to the Death Benefit section of the Policy:

Scheduled Increases in Supplemental Insurance Face Amount

If you request to schedule automatic increases in the Supplemental Insurance Amount at the time of application for this Policy, the amount of each scheduled increase and the dates upon which these increases will occur are shown in Section 1 of the Policy. If You change death benefit option, or decrease the Specified Face Amount or Supplemental Insurance Face Amount, future scheduled increases will be cancelled. Any request for a new schedule of automatic increases in the Supplemental Insurance amount is subject to Our underwriting rules in effect at the time of Your request and requires satisfactory evidence of insurability. Scheduled increases in the Supplemental Insurance Face Amount are only available with Death Benefit Option A unless We agree otherwise.

Termination

This endorsement will terminate upon termination of the Policy.



[
[Westley V. Thompson], [President]]

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

APPLICATION SUPPLEMENT

Scheduled Increases

Proposed Life Insured (Life One)

Name (First Middle Last)

Name(s) of Owner(s) _____

Plan Name _____

Policy Year(s)	Amount of Increase	Policy Year(s)	Amount of Increase
_____ to _____	\$ _____ (1)	_____ to _____	\$ _____ (21)
_____ to _____	\$ _____ (2)	_____ to _____	\$ _____ (22)
_____ to _____	\$ _____ (3)	_____ to _____	\$ _____ (23)
_____ to _____	\$ _____ (4)	_____ to _____	\$ _____ (24)
_____ to _____	\$ _____ (5)	_____ to _____	\$ _____ (25)
_____ to _____	\$ _____ (6)	_____ to _____	\$ _____ (26)
_____ to _____	\$ _____ (7)	_____ to _____	\$ _____ (27)
_____ to _____	\$ _____ (8)	_____ to _____	\$ _____ (28)
_____ to _____	\$ _____ (9)	_____ to _____	\$ _____ (29)
_____ to _____	\$ _____ (10)	_____ to _____	\$ _____ (30)
_____ to _____	\$ _____ (11)	_____ to _____	\$ _____ (31)
_____ to _____	\$ _____ (12)	_____ to _____	\$ _____ (32)
_____ to _____	\$ _____ (13)	_____ to _____	\$ _____ (33)
_____ to _____	\$ _____ (14)	_____ to _____	\$ _____ (34)
_____ to _____	\$ _____ (15)	_____ to _____	\$ _____ (35)
_____ to _____	\$ _____ (16)	_____ to _____	\$ _____ (36)
_____ to _____	\$ _____ (17)	_____ to _____	\$ _____ (37)
_____ to _____	\$ _____ (18)	_____ to _____	\$ _____ (38)
_____ to _____	\$ _____ (19)	_____ to _____	\$ _____ (39)
_____ to _____	\$ _____ (20)	_____ to _____	\$ _____ (40)

Agreement and Signatures

- I/We have read the instructions entered on this Application Supplement and declare that they are true to the best of my/our knowledge and belief. I/We agree (a) that this Application Supplement shall form a part of any policy issued, and (b) that no agent/representative of the Company shall have the authority to waive or alter the instructions entered on this Application Supplement, make or alter any policy or waive any of the Company's rights.
- The instructions provided in this Application Supplement form the basis for the scheduled increases under the policy.

Signature of Owner

X _____

Signature of Co-Owner

X _____

Signature of Broker/Registered Representative

X _____

Signed at City/State

Date(m/d/y)

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Supporting Document Schedules

Item Status: **Status Date:**

Bypassed - Item: Flesch Certification
Bypass Reason: See form schedule
Comments:

Item Status: **Status Date:**

Satisfied - Item: Application
Comments:

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- 2007 SCOLI 45-11 - Application for Life Insurance
- 2007 SCOLI Consent XGI - Consent to Purchase of Insurance

Item Status: **Status Date:**

Bypassed - Item: Outline of Coverage
Bypass Reason: Not a Health filing.
Comments:

Item Status: **Status Date:**

Satisfied - Item: Memorandum of Variable Material
Comments:
Attachment:
 UL-SIE-2009 Memorandum of Variable Material.pdf

SUN LIFE ASSURANCE COMPANY OF CANADA
Memorandum of Variable Material
for Endorsement form # UL-SIE-2009

Revision Date: March 6, 2009
Variability denoted by Bracketing

Page No.	Field	Scope of Variation
1	Officer's Signatures & Title	In the event the officer or title of an officer signing the policy or contract form changes, any new title utilized will be the title of an officer of the company. An officer of the company will sign the policy or contract form.

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/06/2009		Supporting Application Document	03/09/2009	