

SERFF Tracking Number: SUNL-126737595 State: Arkansas  
Filing Company: Sun Life Assurance Company of Canada State Tracking Number: 46351  
Company Tracking Number: 2010 SCOLI 45/12  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: 2010 SCOLI 45/12  
Project Name/Number: MASTER APPLICATION for CORPORATE LIFE INSURANCE /2010 SCOLI 45/12

## Filing at a Glance

Company: Sun Life Assurance Company of Canada

Product Name: 2010 SCOLI 45/12

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: SUNL-126737595 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 46351

Co Tr Num: 2010 SCOLI 45/12

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Margaret Carvalho,  
Thomas Miele, Christopher  
McAuliffe, Pat Squillacioti, Susan  
Burke

Disposition Date: 08/05/2010

Date Submitted: 07/28/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: MASTER APPLICATION for CORPORATE LIFE  
INSURANCE

Project Number: 2010 SCOLI 45/12

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/05/2010

Deemer Date:

Submitted By: Margaret Carvalho

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Exempt from our  
domiciliary state of Michigan.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 08/05/2010

Created By: Margaret Carvalho

Corresponding Filing Tracking Number:

MASTER APPLICATION for CORPORATE  
LIFE INSURANCE

Filing Description:

Sun Life Assurance Company of Canada

NAIC # 549-80802

SERFF Tracking Number: SUNL-126737595 State: Arkansas  
Filing Company: Sun Life Assurance Company of Canada State Tracking Number: 46351  
Company Tracking Number: 2010 SCOLI 45/12  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: 2010 SCOLI 45/12  
Project Name/Number: MASTER APPLICATION for CORPORATE LIFE INSURANCE /2010 SCOLI 45/12  
FEIN # 38-1082080

Re: 2010 SCOLI 45/12 – MASTER APPLICATION for CORPORATE LIFE INSURANCE

Dear Sir or Madam:

We submit the above listed form for your review and approval. This form is new and replaces a previous approved form as noted below. This form is intended to comply with all laws, rules, bulletins and published guidelines applicable to this form. 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 has been filed and is pending with our domiciliary state of Michigan.

2010 SCOLI 45/12 – MASTER APPLICATION for CORPORATE LIFE INSURANCE

This application will be used along with our previously approved life insurance small corporate owned policies. This application will replace and is similar to form 2007 SCOLI 45/12 with minor differences as noted below.

- Census Information section
- Fraud Warning – master listing of all state specific fraud warning language..

The above form is also being filed with your Department for use by Sun Life Assurance Company of Canada (U.S.) under SERFF Number: SUNL-126745019.

The enclosed application form includes brackets around the items that may vary. The bracketed items shown are the values that will currently print. The use of variability in the enclosed application form 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.

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

Margaret Carvalho, Compliance Consultant      margaret.carvalho@sunlife.com  
One Sun Life Executive Park                      781-446-1811 [Phone]  
Wellesley Hills, MA 02481                      781-237-3327 [FAX]



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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/05/2010	08/05/2010

*SERFF Tracking Number:* SUNL-126737595      *State:* Arkansas  
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*Project Name/Number:* MASTER APPLICATION for CORPORATE LIFE INSURANCE /2010 SCOLI 45/12

## **Disposition**

Disposition Date: 08/05/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:* SUNL-126737595      *State:* Arkansas  
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*Product Name:* 2010 SCOLI 45/12  
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Statement of Variability		Yes
<b>Form</b>	MASTER APPLICATION for CORPORATE LIFE INSURANCE		Yes

SERFF Tracking Number: SUNL-126737595 State: Arkansas  
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## Form Schedule

**Lead Form Number: 2010 SCOLI 45/12**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	2010 SCOLI 45/12	Application/MASTER Enrollment Form APPLICATION for CORPORATE LIFE INSURANCE	Initial		50.100	2010 SCOLI 45-12 Final.pdf

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

Sun Life Assurance Company of Canada

(Hereinafter referred to as "the Company")

[One Sun Life Executive Park, Wellesley Hills, MA 02481]



**MASTER APPLICATION for CORPORATE LIFE INSURANCE**

1. Corporation Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

**COVERAGE SELECTION**

3. Application for Life Insurance to:

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

[Sun Executive VUL]

Riders:

- Payment Rider (of Stipulated Premium Amount stipulated amount) \$ \_\_\_\_\_
- Waiver of Monthly Deductions Rider
- Charitable Giving Benefit Rider\*
- Scheduled Increases

Other: \_\_\_\_\_

B. Sun Life Assurance Company of Canada

[Sun Executive UL]

Riders:

- Payment of Stipulated Premium Amount Rider (stipulated amount) \$ \_\_\_\_\_
- Waiver of Monthly Deductions Rider
- Charitable Giving Benefit Rider\*
- Scheduled Increases

Other: \_\_\_\_\_

4. Death Benefit Option – Select One

- Option A (Specified Face Amount)
- Option B (Specified Face Amount plus Gross Cash Surrender Value)
- Option C (Specified Face Amount plus Cumulative Premiums Paid)

5. Premium Mode:  Annual  Semi-Annual  Quarterly

6. Issue Date Requested (m/d/y): \_\_\_\_\_

7. Definition of Life Insurance Test to be Used:  Cash Value Accumulation Test  Guideline Premium Test

**[\*Charitable Giving Benefit Rider – Complete if selected above:**

8a. Name of Accredited Organization: \_\_\_\_\_ 8b. 501(c) Tax ID Number: \_\_\_\_\_

8c. Address: \_\_\_\_\_

8d. After you receive confirmation of the charitable organization, choose one:

- I/We will notify the charity of my/our intent OR
- Permit the Company to notify the charity of my/our intent upon my/our death]

9. Conditions of Insurability: \_\_\_\_\_

*See Attached Schedule of Insurance for amounts and Insureds*

Corrections and Amendments (for Home Office use only): \_\_\_\_\_

**BENEFICIARY AND OWNER DESIGNATION**

10. Beneficiary Designation (if Trust, provide Trust Information): \_\_\_\_\_

Relationship : \_\_\_\_\_ Date of Trust (m/d/y) (if applicable) \_\_\_\_\_

11. Owner (if Trust, provide Trust Information): \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ S.S.# or Tax I.D.# \_\_\_\_\_ Date of Trust (m/d/y) (if applicable) \_\_\_\_\_

**QUESTIONS**

12. Does the Applicant/Owner have any existing individual life insurance policy or annuity contract, including those under a binding or conditional receipt or those within an unconditional refund period?  Yes  No

13. Will any existing life insurance policy or annuity contract be lapsed, forfeited, surrendered, partially surrendered, assigned, reduced in value or used as a source of premium for the coverage for which Application is being made?  Yes  No

If the answer to No. 12 is "yes", provide the applicable state form(s). If the answer to No. 13 is "yes", please provide the applicable state form(s) and provide the information requested in the following table.

\*You may attach additional paper, if necessary, to provide information required.

<b>Insurance Company</b>	<b>Insured or Annuitant</b>	<b>Policy or Contract Number</b>

14. If a replacement is involved, is it intended as an IRC Section 1035 exchange?  
*If "yes", provide the necessary form(s).*  Yes  No



## SIGNATURE SECTION

### DECLARATION:

By signing this Application, I/we understand and agree that:

- a) all statements and answers in this Application are true and complete to my/our best knowledge and belief. The information provided in this Application will be used by the Insurer (the "Company") to which this Application is submitted to form the basis for, and become part of, any life insurance policy to be issued;
- b) no life insurance coverage shall take effect until (1) a policy is issued during the lifetime of the Insured; (2) the Company has received the initial premium due on the policy; **and (3) the statements made in this Application are still complete and true as of the date the policy is delivered;**
- c) no licensed sales representative or other person except the Company President, Secretary or a Vice President has the authority to make or modify any life insurance policy; to make a binding promise or decision about coverage or benefits; to change or waive any of the terms or requirements of any application or life insurance policy;
- d) in accepting any life insurance policy which may be issued, I/we also accept all corrections and amendments which may be made by the Company, as recorded in the corrections and amendments section of this Application;
- e) any illustration prepared in connection with this Application does not form a part of any life insurance policy which may be issued. The actual performance of any such policy, including account values, cash surrender values, death benefit and duration of coverage, may be different from what may be illustrated because the hypothetical assumptions used in an illustration may not be indicative of actual future performance. I/we acknowledge that any credited rates of interest or investment experience of any separate account shown in an illustration are not estimates or guarantees of actual future performance. Future performance will depend on investment, mortality, expense and other experience of the Company. Future performance will also be affected by any future changes in the credited rate of interest, cost of insurance rates or other expense charges for the life insurance policy. I/we acknowledge that any such future changes may be made at the Company's sole discretion;
- f) all the policy features, including the financial impact of the Base Face Amount/Supplemental Insurance Face Amount mix selected, have been reviewed with me/us by the Sales Representative whose name is listed below;
- g) in connection therewith, it is expressly acknowledged that the policy(ies), as applied for is/are suitable for the insurance needs and anticipated financial objectives of the undersigned;
- h) **[General Warning:** Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties.

**For Kentucky the following fraud warning applies:** Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and subjects that person to criminal and civil penalties.

**For Colorado the following fraud warning applies:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**For Maryland the following fraud warning applies:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For Tennessee, Virginia and Washington the following fraud warning applies:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**For Kansas the following fraud warning applies:** Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud as determined by a court of law.

**For Oregon the following fraud warning applies:** Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may commit a fraudulent insurance act, which may subject that person to criminal and civil penalties.

**For Vermont the following fraud warning applies:** Any person who knowingly presents a false statement in an application for

insurance may be guilty of a criminal offense and subject to penalties under state law.

**For the District of Columbia and Rhode Island the following fraud warning applies:** Any person who 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.]

**SUITABILITY: (for flexible premium variable universal life only)**

I/we also hereby understand and agree that all values and benefits provided by the life insurance policy(ies) applied for are based on the investment experience of a separate account and are not guaranteed, such that:

- **THE DEATH BENEFIT AMOUNT MAY INCREASE OR DECREASE TO REFLECT THE INVESTMENT EXPERIENCE OF THE VARIOUS SUB-ACCOUNTS WHICH COMPRISE THE COMPANY'S VARIABLE LIFE INSURANCE SEPARATE ACCOUNT.**
- **THE DURATION OF COVERAGE MAY ALSO INCREASE OR DECREASE, DUE TO THE INVESTMENT EXPERIENCE OF THESE VARIOUS SUB-ACCOUNTS.**
- **THE ACCOUNT VALUE AND CASH SURRENDER VALUE MAY INCREASE OR DECREASE TO REFLECT THE INVESTMENT EXPERIENCE OF THESE VARIOUS SUB-ACCOUNTS.**
- **THERE IS NO GUARANTEED MINIMUM POLICY VALUE NOR ARE ANY POLICY VALUES GUARANTEED AS TO DOLLAR AMOUNT.**

I/we also acknowledge receipt of a current prospectus from the Company for the flexible premium variable universal life policy and also a prospectus for each of the underlying Investment Options that may be registered.

**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 corporation, partnership, trust or other legal entity who makes an application. This means we will ask you for your name, principal place of business, Taxpayer Identification Number, date of incorporation, and other information that will allow us to identify you, such as a government issued document showing the existence of the entity and a certificate of good standing or the equivalent.

I/we acknowledge receipt of the Customer Identification Notice. I/we understand that the identity information being provided by me/us is required by Federal law to be collected in order to verify my/our identity and I/we authorize its use for this purpose.

\_\_\_\_\_  
Signature of Applicant/Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness/Sales Representative

\_\_\_\_\_  
Sales Representative License Number

**LICENSED SALES REPRESENTATIVES'S REPORT**

1. Does the Applicant/Owner have any existing individual life insurance policy or annuity contract, including those under a binding or conditional receipt or those within an unconditional refund period?

Yes  No

*If yes, provide details and any necessary forms.* \_\_\_\_\_

2. Will any existing life insurance policy or annuity contract be lapsed, forfeited, surrendered, partially surrendered, assigned, reduced in value or used as a source of premium for the coverage for which Application is being made?

Yes  No

*If yes, provide details and any necessary forms.* \_\_\_\_\_

3. Based on your reasonable inquiry about the Applicant/Owner's financial situation, insurance objectives and needs, do you believe that the policy, including the base / supplemental insurance face amount mix as applied for, is suitable for the insurance needs, the services to be provided and anticipated financial objectives of the Applicant/Owner?

Yes  No

4. To whom shall premium notices and correspondence be sent (if other than the Owner):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Licensed Sales Representatives who will share commissions:



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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> 2010 SCOLI 45-12 Readability Certification 7-28-10.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application <b>Comments:</b> <b>Attachment:</b> 2010 SCOLI 45-12 Final.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Statement of Variability <b>Comments:</b> <b>Attachment:</b> 2010 SCOLI 45-12 SOV 7-23-10.pdf		

## READABILITY CERTIFICATION

**Company Name:** Sun Life Assurance Company of Canada

I hereby certify, that the form(s) listed below has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test.

Form Number	Score
2010 SCOLI 45/12	50.1

When calculated with Policy, the application score is 50+.



---

Thomas Miele  
Assistant Vice President

---

July 18, 2010  
Date

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

Sun Life Assurance Company of Canada

(Hereinafter referred to as "the Company")

[One Sun Life Executive Park, Wellesley Hills, MA 02481]



**MASTER APPLICATION for CORPORATE LIFE INSURANCE**

1. Corporation Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

**COVERAGE SELECTION**

3. Application for Life Insurance to:

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

[Sun Executive VUL]

Riders:

- Payment Rider (of Stipulated Premium Amount stipulated amount) \$ \_\_\_\_\_
- Waiver of Monthly Deductions Rider
- Charitable Giving Benefit Rider\*
- Scheduled Increases

Other: \_\_\_\_\_

B. Sun Life Assurance Company of Canada

[Sun Executive UL]

Riders:

- Payment of Stipulated Premium Amount Rider (stipulated amount) \$ \_\_\_\_\_
- Waiver of Monthly Deductions Rider
- Charitable Giving Benefit Rider\*
- Scheduled Increases

Other: \_\_\_\_\_

4. Death Benefit Option – Select One

- Option A (Specified Face Amount)
- Option B (Specified Face Amount plus Gross Cash Surrender Value)
- Option C (Specified Face Amount plus Cumulative Premiums Paid)

5. Premium Mode:  Annual  Semi-Annual  Quarterly

6. Issue Date Requested (m/d/y): \_\_\_\_\_

7. Definition of Life Insurance Test to be Used:  Cash Value Accumulation Test  Guideline Premium Test

**[\*Charitable Giving Benefit Rider – Complete if selected above:**

8a. Name of Accredited Organization: \_\_\_\_\_ 8b. 501(c) Tax ID Number: \_\_\_\_\_

8c. Address: \_\_\_\_\_

8d. After you receive confirmation of the charitable organization, choose one:

- I/We will notify the charity of my/our intent OR
- Permit the Company to notify the charity of my/our intent upon my/our death]

9. Conditions of Insurability: \_\_\_\_\_

*See Attached Schedule of Insurance for amounts and Insureds*

Corrections and Amendments (for Home Office use only): \_\_\_\_\_

**BENEFICIARY AND OWNER DESIGNATION**

10. Beneficiary Designation (if Trust, provide Trust Information): \_\_\_\_\_

Relationship : \_\_\_\_\_ Date of Trust (m/d/y) (if applicable) \_\_\_\_\_

11. Owner (if Trust, provide Trust Information): \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ S.S.# or Tax I.D.# \_\_\_\_\_ Date of Trust (m/d/y) (if applicable) \_\_\_\_\_

**QUESTIONS**

12. Does the Applicant/Owner have any existing individual life insurance policy or annuity contract, including those under a binding or conditional receipt or those within an unconditional refund period?  Yes  No

13. Will any existing life insurance policy or annuity contract be lapsed, forfeited, surrendered, partially surrendered, assigned, reduced in value or used as a source of premium for the coverage for which Application is being made?  Yes  No

If the answer to No. 12 is "yes", provide the applicable state form(s). If the answer to No. 13 is "yes", please provide the applicable state form(s) and provide the information requested in the following table.

\*You may attach additional paper, if necessary, to provide information required.

<b>Insurance Company</b>	<b>Insured or Annuitant</b>	<b>Policy or Contract Number</b>

14. If a replacement is involved, is it intended as an IRC Section 1035 exchange?  
*If "yes", provide the necessary form(s).*  Yes  No



## SIGNATURE SECTION

### DECLARATION:

By signing this Application, I/we understand and agree that:

- a) all statements and answers in this Application are true and complete to my/our best knowledge and belief. The information provided in this Application will be used by the Insurer (the "Company") to which this Application is submitted to form the basis for, and become part of, any life insurance policy to be issued;
- b) no life insurance coverage shall take effect until (1) a policy is issued during the lifetime of the Insured; (2) the Company has received the initial premium due on the policy; **and (3) the statements made in this Application are still complete and true as of the date the policy is delivered;**
- c) no licensed sales representative or other person except the Company President, Secretary or a Vice President has the authority to make or modify any life insurance policy; to make a binding promise or decision about coverage or benefits; to change or waive any of the terms or requirements of any application or life insurance policy;
- d) in accepting any life insurance policy which may be issued, I/we also accept all corrections and amendments which may be made by the Company, as recorded in the corrections and amendments section of this Application;
- e) any illustration prepared in connection with this Application does not form a part of any life insurance policy which may be issued. The actual performance of any such policy, including account values, cash surrender values, death benefit and duration of coverage, may be different from what may be illustrated because the hypothetical assumptions used in an illustration may not be indicative of actual future performance. I/we acknowledge that any credited rates of interest or investment experience of any separate account shown in an illustration are not estimates or guarantees of actual future performance. Future performance will depend on investment, mortality, expense and other experience of the Company. Future performance will also be affected by any future changes in the credited rate of interest, cost of insurance rates or other expense charges for the life insurance policy. I/we acknowledge that any such future changes may be made at the Company's sole discretion;
- f) all the policy features, including the financial impact of the Base Face Amount/Supplemental Insurance Face Amount mix selected, have been reviewed with me/us by the Sales Representative whose name is listed below;
- g) in connection therewith, it is expressly acknowledged that the policy(ies), as applied for is/are suitable for the insurance needs and anticipated financial objectives of the undersigned;
- h) **[General Warning:** Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties.

**For Kentucky the following fraud warning applies:** Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and subjects that person to criminal and civil penalties.

**For Colorado the following fraud warning applies:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**For Maryland the following fraud warning applies:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For Tennessee, Virginia and Washington the following fraud warning applies:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**For Kansas the following fraud warning applies:** Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud as determined by a court of law.

**For Oregon the following fraud warning applies:** Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may commit a fraudulent insurance act, which may subject that person to criminal and civil penalties.

**For Vermont the following fraud warning applies:** Any person who knowingly presents a false statement in an application for

insurance may be guilty of a criminal offense and subject to penalties under state law.

**For the District of Columbia and Rhode Island the following fraud warning applies:** Any person who 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.]

**SUITABILITY: (for flexible premium variable universal life only)**

I/we also hereby understand and agree that all values and benefits provided by the life insurance policy(ies) applied for are based on the investment experience of a separate account and are not guaranteed, such that:

- **THE DEATH BENEFIT AMOUNT MAY INCREASE OR DECREASE TO REFLECT THE INVESTMENT EXPERIENCE OF THE VARIOUS SUB-ACCOUNTS WHICH COMPRISE THE COMPANY'S VARIABLE LIFE INSURANCE SEPARATE ACCOUNT.**
- **THE DURATION OF COVERAGE MAY ALSO INCREASE OR DECREASE, DUE TO THE INVESTMENT EXPERIENCE OF THESE VARIOUS SUB-ACCOUNTS.**
- **THE ACCOUNT VALUE AND CASH SURRENDER VALUE MAY INCREASE OR DECREASE TO REFLECT THE INVESTMENT EXPERIENCE OF THESE VARIOUS SUB-ACCOUNTS.**
- **THERE IS NO GUARANTEED MINIMUM POLICY VALUE NOR ARE ANY POLICY VALUES GUARANTEED AS TO DOLLAR AMOUNT.**

I/we also acknowledge receipt of a current prospectus from the Company for the flexible premium variable universal life policy and also a prospectus for each of the underlying Investment Options that may be registered.

**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 corporation, partnership, trust or other legal entity who makes an application. This means we will ask you for your name, principal place of business, Taxpayer Identification Number, date of incorporation, and other information that will allow us to identify you, such as a government issued document showing the existence of the entity and a certificate of good standing or the equivalent.

I/we acknowledge receipt of the Customer Identification Notice. I/we understand that the identity information being provided by me/us is required by Federal law to be collected in order to verify my/our identity and I/we authorize its use for this purpose.

\_\_\_\_\_  
Signature of Applicant/Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness/Sales Representative

\_\_\_\_\_  
Sales Representative License Number

**LICENSED SALES REPRESENTATIVES'S REPORT**

1. Does the Applicant/Owner have any existing individual life insurance policy or annuity contract, including those under a binding or conditional receipt or those within an unconditional refund period?  Yes  No

*If yes, provide details and any necessary forms.* \_\_\_\_\_

2. Will any existing life insurance policy or annuity contract be lapsed, forfeited, surrendered, partially surrendered, assigned, reduced in value or used as a source of premium for the coverage for which Application is being made?  Yes  No

*If yes, provide details and any necessary forms.* \_\_\_\_\_

3. Based on your reasonable inquiry about the Applicant/Owner's financial situation, insurance objectives and needs, do you believe that the policy, including the base / supplemental insurance face amount mix as applied for, is suitable for the insurance needs, the services to be provided and anticipated financial objectives of the Applicant/Owner?  Yes  No

4. To whom shall premium notices and correspondence be sent (if other than the Owner):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Licensed Sales Representatives who will share commissions:



**Sun Life Assurance Company of Canada  
Memorandum of Variable Material**

For Form Number: 2010 SCOLI 45/12

Revision Date: July 23, 2010

Variability denoted by bracketing

Page No.	Field	Scope of Variation
1	One Sun Life Executive Park, Wellesley Hills, MA 02481	Address is bracketed to accommodate future changes.
1	<b>Sun Executive VUL</b>	This is the marketing name of an available variable universal life SCOLI product. The marketing name is bracketed to accommodate potential future product changes.
1	<input type="checkbox"/> <b>Payment Rider (of Stipulated Premium Amount</b> stipulated amount) \$ _____ <input type="checkbox"/> <b>Waiver of Monthly Deductions Rider</b> <input type="checkbox"/> <b>Charitable Giving Benefit Rider*</b> <input type="checkbox"/> <b>Scheduled Increases</b>	These are the approved riders currently available for the variable universal life SCOLI product. If we offer new approved riders or discontinue existing riders in the future, then this list of riders will be updated accordingly.
1	<b>Sun Executive UL</b>	This is the marketing name of an available universal life SCOLI product. The marketing name is bracketed to accommodate potential future product changes.
1	<input type="checkbox"/> <b>Payment of Stipulated Premium Amount Rider (stipulated amount)</b> \$ _____ <input type="checkbox"/> <b>Waiver of Monthly Deductions Rider</b> <input type="checkbox"/> <b>Charitable Giving Benefit Rider*</b> <input type="checkbox"/> <b>Scheduled Increases</b>	These are the approved riders currently available for the universal life SCOLI product. If we offer new approved riders or discontinue existing riders in the future, then this list of riders will be updated accordingly.
1	<b>*Charitable Giving Benefit Rider-Complete if selected above: .....</b> charity of my/our intent upon my/our death	This is the additional information required in the event that the Charitable Giving Benefit Rider is elected. If we discontinue this rider in the future, then the text " <b>*Charitable Giving Benefit Rider-Complete if selected above: .....</b> charity of my/our intent upon my/our death" will not be printed.
1	<b>General Warning:</b> ... and confinement in prison.	These are the general and state specific fraud warnings. Variability to accommodate changes to comply with future state requirements.