

Agent Appointment and Contract Application

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



1. Instructions

IMPORTANT:

Please complete, sign, and fax back to: (Include license copy)

LIFE SALES

Licensing Department

2. General Information Please PRINT clearly.

Name of Agent			Social Security #	
Business Address			Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
City	County	State	Zip	
Residence Address (required)				
City	County	State	Zip	
Business - Phone Number		Home - Phone Number		
Fax Number		E-mail Address		
Tax I.D. Number		Drivers License Number		

3. License Information

Please attach a copy of current licenses (corporate and/or individual).

Qualified to sell Life or Life and Variable in the following states:

4. Background

Have you ever had any license (other than Driver's license) canceled, refused, suspended, restricted, or revoked? Yes No

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? Yes No

If "Yes," please provide details.

Are you a registered representative? Yes No

If "Yes," please provide Broker/Dealer N.A.S.D. Affiliation.

5. 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? Yes No

6. Conditions and Agreements

I acknowledge that by signing this Agent Appointment and Contract Application and by submitting any new business application for insurance or annuity business to the Company, I have agreed to be bound by the terms and conditions of the Agent Contract(s) and Commission Schedule(s) which the Company will issue to me if and when it approves this Application, and that no further signature by me shall be necessary.

I authorize the Company to obtain an investigative consumer report on me, as described above. I agree that I will not solicit business until and unless the Company has notified me that this Application has been approved.

Signature of Agent X	Date (m/d/y)
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For Company Use Only

Acceptance by Company

Applicable attachment(s) to this Application:

Your agent appointment and contract application is hereby accepted and confirmed:
Sun Life Assurance Company of Canada (U.S.)

By (Authorized Officer) X	Date (m/d/y)
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