

Address Change Request



Please PRINT clearly.
Use BLACK ink.

In this form, *you* and *your* refer to the investor while *we*, *us*, *our* and *the Company* refer to Sun Life Asset Management Company, Inc., a member of the Sun Life Financial group of companies.

You hereby request the Company to effect the change/s indicated below.

1 General Information

Please indicate all client nos. where the change/s should take effect.

Client No.(s)
Investor <small>(Last Name, First Name, MI)</small>

2 Request for Change of Address

Please complete this section for change of residence and/or business address.

Permanent Residence Address <small>(no., street, municipality)</small>			
City	Province	Country	Zip Code
Present Residence Address <small>(no., street, municipality)</small>			
City	Province	Country	Zip Code
New Business Address <small>(no., street, municipality)</small>			
City	Province	Country	Zip Code
Home Phone.	Business Phone	Mobile Phone No.	
E-mail Address			
Change mailing address to: <input type="checkbox"/> Present Residence Address <input type="checkbox"/> New Business Address			

Please complete this portion for change in the mailing address.

3 Signatures

This section must be signed by you and the appropriate person as indicated.

Printed Name of Investor	Signature X
Printed Name of Witness	Signature X
Place of Signing	Date of Signing <small>(mm/dd/yy)</small>

4 For Company Use Only

Effective Date of Change <small>(mm/dd/yy)</small>	Processor	Date Processed <small>(mm/dd/yy)</small>