

Name 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 Name

Please complete this section for change of name.

You hereby request that the name shown on the Company records as

Original Last Name	Original First Name
Original Last Name	Original Other Legal Name(s)

be changed to

New Last Name	New First Name
New Middle Name	New Other Legal Name(s)

Please attach certified true copy of supporting legal document.

Name Change For:	<input type="checkbox"/> Principal Investor	<input type="checkbox"/> Co-Investor	<input type="checkbox"/> In-Trust-For	
Reason for Change:	<input type="checkbox"/> Marriage	<input type="checkbox"/> Legal Separation	<input type="checkbox"/> For Correction	<input type="checkbox"/> Others _____

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 (mm/dd/yy)

4 For Company Use Only

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