

# Annuity Max Calculator

Use this form to collect the information needed to input into the calculator.

## CLIENT INFORMATION

		SMOKER	NON-SMOKER	(U.S. CITIZEN)	
	DATE OF BIRTH			YES	NO
CLIENT(S) NAME _____	____/____/____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CLIENT(S) NAME _____	____/____/____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CLIENT(S) NAME _____	____/____/____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADDRESS _____					
BUSINESS ADDRESS _____					
ANY OTHER RESIDENCE _____					

## DEFERRED ANNUITY—FINANCIAL INFORMATION

ANNUITY START VALUE \$ \_\_\_\_\_ ANNUITY GROWTH RATE \_\_\_\_\_ % ESTATE TAX RATE \_\_\_\_\_ %  
 ANNUITY TAX BASIS \$ \_\_\_\_\_ INCOME TAX RATE \_\_\_\_\_ % SUMMARY YEAR \_\_\_\_\_

## ILLUSTRATION TYPE

- WITHDRAWALS (EQUAL TO ILLUSTRATED POLICY PREMIUM).  
 WITHDRAWALS (SPECIFIED AMOUNT) \$ \_\_\_\_\_ FOR \_\_\_\_\_ YEARS.  
 LIFE ANNUITY<sup>1</sup> ANNUAL INCOME \$ \_\_\_\_\_

## PRODUCER INFORMATION

NAME \_\_\_\_\_

FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

For further assistance contact the Sun Life Financial Sales Desk at 800-786-5433, ext. 7253.

1. Assumes first annuity payment begins immediately upon annuitization.

All guarantees are based on the claims-paying ability of the issuing company, either Sun Life Assurance Company of Canada (Wellesley Hills, MA), Sun Life Assurance Company of Canada (U.S.) (Wellesley Hills, MA) or, in New York, Sun Life Insurance and Annuity Company of New York (New York, NY). All are members of the Sun Life Financial group of companies.

**NOT FDIC/NCUA INSURED • MAY LOSE VALUE • NO BANK/CREDIT UNION GUARANTEE •  
 NOT A DEPOSIT • NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY**