

Sun Life Go

Guaranteed Life Insurance

The following policy wording is provided solely for your convenience and reference. It is incomplete and reflects only some of the general provisions that may be found in some of our insurance policies. We periodically make changes to policy wording and therefore this incomplete sample may not duplicate the wording of any actual issued policy. It is not to be construed or interpreted in any manner as a contract or an offer to contract. The actual policy issued to any given client will govern that relationship.

Sun Life Assurance Company of Canada agrees to provide the benefits of this policy according to its terms and conditions.

In this document, *you* and *your* mean the owner of this policy. *We, us, our,* and *the company* mean Sun Life Assurance Company of Canada.

Sun Life Assurance Company of Canada is the insurer of this product, and is a member of the Sun Life group of companies.

Signed at Waterloo, Ontario

President and Chief Executive Officer
Sun Life Assurance Company of Canada

Vice-President, Associate General Counsel
and Corporate Secretary
Sun Life Assurance Company of Canada

It's important that you read your entire policy carefully. It sets out the benefits payable and has exclusions and limitations. To help you understand insurance terms, refer to the explanations described under the heading, *Insurance terms*.

If you have any questions or want information on any of our other products or services, please contact us at:

Sun Life Assurance Company of Canada

P.O. Box 2001, Stn Waterloo
Waterloo, ON N2J 0A3

1-800-669-7921

www.sunlife.ca

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Policy particulars

Plan:	Sun Life Go Guaranteed Life Insurance		
Policy number:	140000/140001/140002	ID number:	XXXX,XXX-X
Policy date:	MMMM d, yyyy		
Owner:	First & Last Name		
Insured person:	First & Last Name born on MMMM d, yyyy		
Insurance amount	\$XX,000 on the insured person A death benefit is payable when the insured person dies, as described under the heading <i>Death benefit</i> .		
Risk classification:	Smoker or Non-Smoker		
Beneficiary:	The beneficiary is named on your application, unless you make a change in writing to us.		

This is a permanent life insurance policy that provides protection for the entire lifetime of the insured person.

The *Premium schedule* on the next page describes your premium guarantee.

You are not eligible to receive policyholder dividends under this policy.

For Sun Life Go Guaranteed Life Insurance, the maximum insurance amount is \$25,000.

For all life insurance policies issued under policy number 140000, 140001, or 140002, the maximum insurance amount that we will pay will not exceed the aggregate limit of \$1,000,000.

You requested this policy and any documents attached, or related to it, be in English. Vous avez expressément demandé que le présent contrat ainsi que tout document s'y rapportant soient rédigés en anglais.

This *Policy particulars* page is included in and forms part of your policy. It replaces any previous *Policy particulars* page issued to you under this policy. The information contained in this *Policy particulars* page is subject to the provisions, terms and conditions of the policy.

If special exclusions apply to your coverage, the Policy Date and the coverage described in this *Policy particulars* page and Certificate of Insurance are subject to your signed Application Amendment.

Premium schedule

You must pay all premiums and any applicable taxes for this policy by the payment due date.

Payments are due monthly on the 1st day of the month, starting on [MMMM 1, yyyy](#).

Policy premium:	\$ XXX
Provincial sales tax:	\$0.00
Total monthly payment:	\$ XXX

This policy premium is guaranteed while this policy is in effect.

If this policy is still in effect, we will stop charging premiums on [MMMM d, yyyy](#).

As the owner, you are responsible for payment of premiums and any applicable taxes. We reserve the right to apply an administrative fee if a payment is returned.

If you change your mind within 30 days

You may send us a written request to cancel your policy within 30 days of receiving it from us.

You are considered to have received your policy 5 days after it's mailed from our office.

When we receive your written request we'll refund any amount paid. This is called rescission, and your policy will be considered void from date of issue.

Your decision to cancel your policy is your personal right. When we receive your request to cancel it, all of our obligations and liabilities under this policy end immediately. The cancellation is binding on you and any person entitled to make a claim under this policy, whether their entitlement is revocable or irrevocable.

To cancel your policy, send your request in writing to:

Sun Life Assurance Company of Canada
P.O. Box 2001, Stn Waterloo
Waterloo, ON N2J 0A3

Contesting the policy

The incontestability provisions set out in the provincial or territorial insurance legislation applicable to this policy apply.

Limit on contesting

We cannot challenge the validity of the policy after it has been in effect continuously for two years from the later of the date it took effect and the date it was last reinstated. If the policy is amended to increase or change a benefit or improve a rating, we cannot challenge the validity of the amendment after it has been in effect continuously for two years from the later of the date the amendment took effect and the date the policy was last reinstated.

Exception to the limit on contesting

We can challenge the validity of the policy or an amendment at any time in cases of fraud.

Death benefit

If the insured person dies within two years of the later of:

- the most recent date the application for this policy was signed,
- the policy date, shown on the *Policy Particulars* page, or
- the most recent date the policy was put back into effect, if it has been reinstated,

as a direct result of an accident, independently of any other cause, within 90 days of the accident, and before their 75th birthday, we will pay a death benefit to the estate unless a beneficiary is named for this policy when the insured person dies while this policy is in effect.

If the insured person dies two years or more after the later of:

- the most recent date the application for this policy was signed,
- the policy date, shown on the *Policy Particulars* page, or
- the most recent date the policy was put back into effect, if it has been reinstated,

we will pay a death benefit to the estate unless a beneficiary is named for this policy when the insured person dies while this policy is in effect.

The *Policy Particulars* page shows the following information about this benefit:

- the insured person, and
- the insurance amount.

When we pay

We determine the death benefit as of the date the insured person died. The amount we pay is:

- the insurance amount in effect
- **minus** any administrative fees if a premium is returned.

This policy ends on the date the insured person dies.

When we will not pay (exclusions)

We will not pay the death benefit if the insured person dies within two years of the later of:

- the most recent date the application for this policy was signed,
- the policy date, shown on the *Policy Particulars* page, or
- the most recent date your policy was put back into effect, if it has been reinstated,

and the death is directly or indirectly caused by or associated with the insured person:

- operating a vehicle while their blood alcohol level is more than 80 milligrams of alcohol per 100 milliliters of blood. A vehicle includes any form of ground, air or marine transportation that can be put into motion by any means, including muscular power. We do not take into account whether or not the vehicle is in motion.
- committing or attempting to commit a criminal offence

- taking or attempting to take their own life, regardless of whether the insured person had a mental illness or understood or intended the consequences of their action(s)
- causing themselves bodily injury, regardless of whether the insured person has a mental illness or understood or intended the consequences of their action(s)
- taking any drug, unless the drug was taken as prescribed by a licensed medical practitioner
- engaging in any activity while their blood alcohol level is more than 80 milligrams of alcohol per 100 milliliters of blood
- inhaling or ingesting any poisonous substance, whether voluntarily or otherwise
- inhaling any type of gas, whether voluntarily or otherwise
- having a mental or physical illness or receiving treatment for that illness
- receiving dental or surgical treatment
- contracting an infection, unless the infection was caused by an external visible wound received in an accident, or
- travelling by air, which includes descent from the aircraft (does not apply if the insured person is a fare-paying passenger on regularly scheduled airlines)

In addition, we will not pay the death benefit if the insured person's death is directly or indirectly caused by or associated with civil disorder or war, whether declared or not; or service in the naval, military or air force of any country, combination of countries or international organization at war, whether war be declared or not.

We will also not pay the death benefit if the insured person dies of an accident beyond age 75, as stated above in the "Death benefit" section.

Further, we will not pay the death benefit if the insured person's death is not a direct result of an accident. The policy ends on the date the insured person dies. Instead of paying the death benefit, we will pay an amount equal to the premiums paid for this policy **minus** any administrative fees if a premium is returned.

If your policy was put back into effect, we will pay an amount equal to the premiums paid for this policy since the most recent date it was reinstated **minus** any administrative fees if a premium is returned.

If you replaced insurance that was issued by us

If any insurance in this policy is the result of replacing insurance that we issued, we determine the amount payable for the part that is replacing insurance, based on the effective date of your previous insurance.

Making a claim

To make a claim, call us at the toll free phone number shown at the beginning of this policy. We will send the appropriate form to be completed. The person making the claim must complete the form and give us the information we need to assess the claim, including proof that the insured person died while this policy was in effect.

Physicians may charge a fee to complete certain forms. The person making the claim is responsible for any fee.

Before we pay a death benefit, we must verify the insured person's date of birth. If the date of birth on the application is incorrect, we'll adjust the death benefit to the amount that would have been payable based on the premiums paid and the correct date of birth.

Paying for your policy

Premiums for this policy

We will provide you with the benefits described in this policy if you pay the premiums shown on the *Policy particulars* page. You must pay all premiums monthly by pre-authorized debit or credit card payment by the due date. Payments must be made to Sun Life Assurance Company of Canada.

The premium is guaranteed while this policy is in effect and is determined according to the gender, age and risk classification of the insured person and the insurance amount, as shown on the *Policy Particulars* page.

If premiums are not received

If the amount you are required to pay is not paid, your policy ends 31 days after it's due. If your policy ends this way, it has lapsed.

Putting your policy back into effect

We will not put your policy back into effect if you cancelled it. If your policy ended because it lapsed, you may apply to have it put back into effect if you are alive on the date the policy lapses. This process is called reinstatement.

If you want to put your policy back into effect, you must:

- apply within two years of the policy ending
- give us new evidence of insurability that we consider satisfactory, and
- make a payment equal to the unpaid premiums, including any administrative fees, owing from the date the policy ended up to the date it is reinstated.

We will tell you when we approve your application to reinstate your policy. If we don't approve your application, we'll refund the amount you paid when you applied.

When your policy ends

Your policy automatically ends on the earliest of:

- the date you stopped making premium payments as set out in the *If premiums are not received* provision,
- the date you tell us in writing to cancel it,
- the date you die, or
- the date the insured person dies.

There is no benefit payable under this policy after the date your policy ends.

Your right to cancel this policy

You may cancel your policy at any time. Your decision to cancel your policy is your personal right. The cancellation is binding on you and any person entitled to make a claim under this policy, whether their entitlement is revocable or irrevocable.

All of our obligations and liabilities under this policy end immediately on the date we receive your request to cancel your policy or on any later date you indicate in your request.

To cancel your policy, send your request in writing to:

Sun Life Assurance Company of Canada
P.O. Box 2001, Stn Waterloo
Waterloo, ON N2J 0A3

If you apply to cancel your policy within the first 30 days of receiving it from us, we will treat this as a rescission. This is described under the heading, *If you change your mind within 30 days*.

Other information about your policy

Information about our contract with you

Once your policy is in effect, the following documents make up our entire contract with you:

- your application for insurance, including any evidence of insurability,
- the *Policy particulars* page, and
- this policy, including any amendments.

**THIS DOCUMENT CONTAINS IMPORTANT INFORMATION ABOUT YOUR INSURANCE.
PLEASE KEEP IT IN A SAFE PLACE.**

All of our obligations to you are contained in the documents described above. Any other document or oral statement does not form part of this contract. This policy or any part of this policy may not be amended or waived except by a written amendment signed by two authorized signing officers of the company.

Time limit for recovery of insurance company

Limitation period for Ontario:

Every action or proceeding against an insurer for the recovery of insurance money payable under this policy is absolutely barred unless commenced within the time set out in the Limitations Act, 2002.

Limitation period for any other province:

Every action or proceeding against an insurer for the recovery of insurance money payable under this policy is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable legislation of your province or territory.

Currency of this policy

All amounts of money referred to in this policy are in Canadian dollars.

Transferring your policy (assignment)

You may be able to transfer your rights under this policy to someone else by assigning the policy. We are not responsible for ensuring that the assignment of your policy is legally valid. If you transfer this policy, send a notice of the assignment to:

Sun Life Assurance Company of Canada
P.O. Box 2001, Stn Waterloo
Waterloo, ON N2J 0A3

Non-recourse premium financing

If you assign this policy at any time, either under a collateral assignment or absolute assignment, or grant a hypothec on it under a deed of hypothec for the purposes of non-recourse premium financing or another similar financing structure, we may void this policy. If we void this policy, all our obligations end effective on the date you assigned or granted a hypothec on it. No benefit is payable, and we have the right to keep all premiums paid.

Non-recourse premium financing is an arrangement where an entity enters into a lending agreement with a policy owner where the entity (lender) agrees to pay the premiums for the policy directly to the insurer. The policy owner collaterally assigns the policy to the lender or grants a hypothec on it as security for the loan. The loan agreement typically provides that the loan is repaid when the insured person dies. The arrangement is called non-recourse because the lender cannot sue the policy owner if the loan is not repaid.

Insurance terms

The following explanations describe insurance terms that may or may not apply to this policy.

Accident	Bodily injury that occurs solely as a direct result of a violent, sudden and unexpected action from an outside source.
Age	A person's age on their birthday nearest to a particular date. This is known as the age nearest. For example, a person's age at the policy date means their age on their birthday nearest to the policy date.
Beneficiary	The person or persons you name in writing to receive a death benefit.
Evidence of insurability	This may include medical, financial, lifestyle, tobacco usage and family medical history information and other personal history information needed to approve an application for life insurance.
Permanent insurance	A type of insurance that provides protection for the insured person's entire lifetime.
Policy anniversary	The month and day every year that is the same as your policy date.
Policy date	The start date of your insurance policy. This date is shown on the <i>Policy particulars</i> page.
Premium	The amount you must pay to purchase and maintain an insurance policy.
Risk classification	We evaluate evidence of insurability and classify insured persons based on their anticipated insurance risk. Insurance premiums are determined by the risk classification.

Statutory conditions on accidental death benefit

1. The contract

- 1) The application, this policy, any document attached to this policy when issued, and any amendment to the contract agreed upon in writing after the policy is issued, constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

Waiver

- 2) Except for residents of Alberta, British Columbia, Manitoba and Ontario, the insurer shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the insurer.

Copy of application

- 3) The insurer shall, upon request, furnish to the insured or to a claimant under the contract a copy of the application.

2. Material facts

No statement made by the insured or a person insured at the time of application for this contract may be used in defence of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

3. Notice and proof of claim

- 1) The insured or a person insured, or a beneficiary entitled to make a claim, or the agent of any of them, must:
 - a) give written notice of claim to the insurer,
 - by delivery of the notice, or by sending it by registered mail to the head office or chief agency of the insurer in the province/territory, or
 - by delivery thereof to an authorized agent of the insurer in the province/territory,not later than 30 days from the date a claim arises under the contract on account of an accident, sickness or disability,
 - b) within 90 days after the date a claim arises under the contract on account of an accident, sickness or disability, furnish to the insurer such proof, as is reasonably possible in the circumstances, of:
 - the happening of the accident or the start of the sickness or disability
 - the loss caused by the accident, sickness or disability
 - the right of the claimant to receive payment
 - the claimant's age, and
 - if relevant, the beneficiary's age, and
 - c) if so required by the insurer, furnish a satisfactory certificate as to the cause or nature of the accident, sickness or disability for which claim may be made under the contract, and in the case of sickness or disability, its duration.

Failure to give notice or proof

- 2) Failure to give notice of claim or furnish proof of claim within the time required by this condition does not invalidate the claim if:
 - a) the notice or proof is given or furnished as soon as reasonably possible, and in no event later than 1 year after the date of the accident or the date a claim arises under the contract on account of sickness or disability, and it is shown that it was not reasonably possible to give the notice or furnish the proof in the time required by this condition, or
 - b) for Alberta, British Columbia, Manitoba and Ontario residents only, in the case of the death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than 1 year after the date a court makes the declaration.

4. Insurer to furnish forms for proof of claim

The insurer must furnish forms for proof of claim within 15 days after receiving notice of claim, but if the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the accident, sickness or disability giving rise to the claim and of the extent of the loss.

5. Rights of examination

As a condition precedent to recovery of insurance money under the contract:

- a) the claimant must give the insurer an opportunity to examine the person of the person insured when and so often as it reasonably requires while a claim is pending, and
- b) in the case of death of the person insured, the insurer may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.

6. When money is payable other than for loss of time

All money payable under this contract, other than benefits for loss of time, shall be paid by the insurer within 60 days after it has received proof of claim.