

SECRETARY OF  
THE COMMONWEALTH

2010 SEP 28 AM 11:10

SECURITIES DIVISION

# Exhibit 1

Your Financial Advisor  
 [REDACTED] / VEARA  
 MORGAN STANLEY  
 45 NORTH STREET  
 HYANNIS, MA 02601  
 (508) 790-9600

**ACTIVE ASSETS ACCOUNT®**  
**FOR MONTH ENDING JANUARY 31, 2008**

[REDACTED] MA [REDACTED]

Account Number [REDACTED]  
 AAA Customer Service  
 1-800-869-3326  
 Householdng Anniv. Date:  
 03/05/2007  
 Access Your Account at:  
 www.morganstanley.com/online

**Asset Summary**

	Value	% of Assets
MMF and Bank Deposits*	\$3,967.68	0.44
Stocks	318,733.62	36.0
Municipal Bonds	0.00	0.0
Corporate Fixed Income	0.00	0.0
Government Securities	0.00	0.0
Mutual Funds	360,064.36	40.5
Unit Investment Trusts	0.00	0.0
Certificates of Deposit	0.00	0.0
Annuities/Insurance	205,367.03	23.1
Other	0.00	0.0
Asset Value	\$888,132.69	100.04
Cash	-950.00	
<b>Total Asset Value</b>	<b>\$887,182.69</b>	

**Activity Summary**

<b>Total Asset Value December 31 2007</b>		\$898,934.91
Cash/Money Market Funds/Bank Deposits* Activity for January		
Closing Balance 12/31	\$3,017.68	
<b>Credits To Your Account</b>		
Dividends and Interest	1,266.22	
Deposits	0.00	
Sales Proceeds/Redemptions	0.00	
Other Credits	0.00	
<b>Total Credits</b>	<b>1,266.22</b>	
<b>Debits To Your Account</b>		
Checking	0.00	
World Card	0.00	
Withdrawals	-950.00	
Funds to Purchase Securities	-316.22	
Other Debits	0.00	
<b>Total Debits</b>	<b>-1,266.22</b>	
Closing Balance 1/31	3,017.68	
<b>Net Change Cash/Money Market Funds/Bank Deposits* Activity</b>		<b>0.00</b>

**Income Summary**

	This Month	Year-To-Date
MMF and Bank Deposits*	\$9.26	\$9.26
Stocks	223.56	223.56
Municipal Bonds	0.00	0.00
Corporate Fixed Income	0.00	0.00
Government Securities	0.00	0.00
Mutual Funds	60.61	60.61
Unit Investment Trusts	0.00	0.00
Certificates of Deposit	0.00	0.00
Other	0.00	0.00
<b>Total Income</b>	<b>\$293.43</b>	<b>\$293.43</b>
Taxable Income	\$232.82	\$232.82
Tax Exempt Income	\$60.61	\$60.61

**Changes in Asset Value**

Value of Priced Assets 12/31	\$895,917.23	
Securities Bought	316.22	
Securities Received	0.00	
Securities Sold/Redeemed	0.00	
Securities Delivered	0.00	
Transactions at Fund Company	0.00	
Change in Value of Priced Assets	-12,068.44	
Value of Priced Assets 1/31	884,165.01	
<b>Net Change in Asset Value</b>		<b>-11,752.22</b>
<b>Total Asset Value as of January 31 2008</b>		<b>\$887,182.69</b>

\*Eligible for FDIC Insurance; FDIC rules apply. Not SIPC Insured.

Investments and services are offered through Morgan Stanley & Co. Incorporated, member SIPC.

ACTIVE ASSETS ACCOUNT<sup>®</sup>  
FOR MONTH ENDING JANUARY 31, 2008

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Account Number

Mutual Funds

Current Price	Value	Pct of Assets	Est Yrly Income	Distribution Rate	Fund Plan Number	Symbol	Dividend/ Cap Gains Option
1,794.072	LEGG MASON PTRNS MASS MUNI B	12.8100	22,982.06	2.6%	744	3.23%	SMABX Cash /Cash
1,737.470	JOHN HANCOCK LARGE-CAP EQI A	27.7600	48,232.17	5.4%	N/A	N/A	REINV/Reinv
520.993	TEMPLETON GLOBAL OPPORTUNITY A	21.8100	11,362.86	1.3%	234	2.05%	TEGDX Reinv/Reinv
952.956	COLUMBIA MA TAX-EXEMPT B	7.8000	7,433.06	0.8%	240	3.22%	CMABX Cash /Cash
7,717.445	E V MA MUNICIPAL A	9.2300	71,232.02	8.0%	3,204	4.49%	ETPMX Cash /Cash
2,655.149	ALLIANCEBER MUNI INC II-MA B	10.9200	28,994.23	3.3%	732	2.52%	AMABX Reinv/Reinv
3,589.852	COLUMBIA MA TAX-EXEMPT A	7.8000	28,000.85	3.2%	1,092	3.89%	COMAX Cash /Cash
12,663.135	MPS MASSACHUSETTS MUNI BOND A	11.2000	141,827.11	15.9%	5,988	4.22%	MPSX Cash /Cash

Total Mutual Funds

Net Change Since Last Statement

\$360,064.36

\$372.25

Fixed Rate Annuities

Invested Premium	Value	Pct of Assets	Fixed Rate	Inception Date	Renewal Date	Additional Information
KEY ANNUITY SINGLE PREMIUM	132,063	205,367.03	23.1%	01/07/98		Policy # [REDACTED] Carrier: KEYPORT
SON LIFE GENERAL FIXED	205,367.03	205,367.03	3.70%		01/06/09	As of 01/29/08
<b>Total Annuities/Insurance</b>		<b>\$205,367.03</b>	<b>23.1%</b>			
Net Change Since Last Statement		\$672.26				

Insurance and annuity products and values are displayed for informational purposes only. Values reflect in force insurance purchased through Morgan Stanley & Co. Incorporated as of date shown as reported by the insurance carrier. Amounts shown may be subject to surrender and other contract charges. Invested premium is defined as either the original purchase price plus additions minus withdrawals or principal withdrawals.

Display of insurance or annuity products on the Morgan Stanley account statement does not confer or imply ownership or beneficial interest on the part of the Morgan Stanley account holder. All ownership, rights, benefits and payments are controlled by the contract between the insurance company and the contract owner as shown on your policy copy.

Annuity information as provided by the insurance carrier reflects the value of the last payment made as per your instructions and does not imply that the funds were re-deposited into a Morgan Stanley & Co. Incorporated account and are provided for informational purposes only. Surrendered or annuitized policies will not appear as assets on this statement.

ACTIVE ASSETS ACCOUNT ®  
FOR MONTH ENDING JANUARY 31, 2008

Account Number [REDACTED]

Dividends and Interest

Date	Activity	Description	Amount	Income Category
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12-31	Tax Exempt Dividend	LEGG MASON PTRRS MASS MONI B	61.98	Mutual Funds
12-31	Tax Exempt Dividend	COLUMBIA MA TAX-EXEMPT B	19.53	Mutual Funds
12-31	Tax Exempt Dividend	E V MA MUNICIPALS A	266.85	Mutual Funds
12-31	Tax Exempt Dividend	ALLIANCEBER MONI INC II-MA B	32.05	Mutual Funds
12-31	Tax Exempt Dividend	COLUMBIA MA TAX-EXEMPT A	93.65	Mutual Funds
12-31	Tax Exempt Dividend	MFS MASSACHUSETTS MONI BOND A	498.73	Mutual Funds
01-18	Tax Exempt Dividend	ALLIANCEBER MONI INC II-MA B DIV PAYMENT	60.61	Mutual Funds

Sub Total Tax Exempt Income 1,033.40  
Total Dividends and Interest 1,266.22

See Income Summary on page 1 for the month-to-date and year-to-date amounts per Income category.  
Total Credits To Your Account \$1,266.22 Year-To-Date \$1,266.22

DEBITS TO YOUR ACCOUNT

Withdrawal

Date	Activity	Description	Amount	Additional Information
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Funds to Purchase Securities

01-31	Check	ACH MONTHLY INCOME	950.00	
		Total Withdrawals	-950.00	Year-To-Date -950.00

Trade Date	Settle Date	Activity	Quantity	Description	Price	Amount	Additional Information
12-31	12-31	Bought	2.968	ALLIANCEBER MONI INC II-MA B	10.8000	32.05	REINVESTMENT
01-10	01-10	Bought	2.035	H J HEINZ CO	45.9290	93.47	DIVIDEND REINVESTMENT
01-18	01-18	Bought	5.525	ALLIANCEBER MONI INC II-MA B	10.9700	60.61	REINVESTMENT
01-25	01-25	Bought	1.194	MONSANTO CO/NEW	108.9700	130.09	DIVIDEND REINVESTMENT
		Total Funds to Purchase Securities				-316.22	Year-To-Date -316.22

ACTIVE ASSETS ACCOUNT ®  
FOR MONTH ENDING JANUARY 31, 2008

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Account Number  
[Redacted]

MMF and Bank Deposits

Closing Balances	Date	Description	Amount	Additional Information
	01-31	BANK DEPOSITS	\$3,967.68	
	01-31	TOTAL Closing Balance	\$3,967.68	

Messages

Questions regarding your account may be directed to either your Financial Advisor or the Branch Manager for the branch office where you maintain your account. If you require further assistance, your inquiries may also be directed to Client Service at (800) 869-3326 or you may contact the Legal and Compliance Division at (914) 225-5870 with any account-related concerns.

Please note: As of February 5, 2008 interest rate tiers for the Bank Deposit Program were changed and your interest rate may have been affected. The new interest rate tiers are \$100,000-\$249,999, \$250,000-\$499,999 and \$500,000-\$999,999. These new tiers and corresponding interest rates will be posted on the following link once effective:  
<http://www.morganstanleyindividual.com/accounts/options/activeassets/investmentfeatures/>

Save up to 30% on TurboTax this tax season.

This year, we are pleased to offer you a simple way to do taxes through our relationship with TurboTax. And as a Morgan Stanley client, you can take advantage of 30% off the listed price of online federal versions or 20% off the listed price of the downloadable versions of TurboTax.

Whether you need basic tax guidance or have a more complicated tax situation, TurboTax has the product to meet your individual needs.

For more information, visit ClientServ.

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The following service fee rate changes will be in effect for all Business Accounts beginning in March 2008: \$30 Stop Payment fee, \$20 Certified Check/Overnight Delivery, \$95 annual fee for Business Basic Securities Account. Please contact your Financial Advisor with questions about these new service fees.

ACTIVE ASSETS ACCOUNT ®  
FOR MONTH ENDING JANUARY 31, 2008



Account Number  
[Redacted]

Unrealized Gain/(Loss)  
Stocks  
Common Stocks

	Quantity	Date Acquired	Unit Cost Original / Adjusted*	Total Cost Original / Adjusted*	Market Value	Unrealized Gain/(Loss)	Additional Information
<b>ARFT INC</b>							
Total Purchased Shares	627.950			please provide E	24,169.78	N/A	
LT Dividend Reinvestments	189.404	08-02-01	25.62242	4,852.99	7,289.92	2,436.93	Long Term
ST Dividend Reinvestments	29.846	02-02-07	39.38886	1,175.60	1,149.02	(26.58)	Short Term
Stock Total	847.200			N/A	32,608.72	N/A	
<b>DURE ENERGY CORP HOLDING CO</b>							
Total Purchased Shares	420			please provide E	7,832.99	N/A	
LT Dividend Reinvestments	108.913	09-18-01	14.46053	1,574.94	2,031.12	456.18	Long Term
ST Dividend Reinvestments	23.226	03-16-07	19.42047	451.06	433.28	(17.78)	Short Term
Stock Total	552.139			N/A	10,297.39	N/A	
<b>EXXON MOBIL CORP</b>							
Total Purchased Shares	159.982			please provide E	13,822.44	N/A	
LT Dividend Reinvestments	20.018	07-12-01	47.51074	951.07	1,729.44	778.37	Long Term
ST Dividend Reinvestments	2.202	06-11-07	86.19436	189.80	190.37	.57	Short Term
Stock Total	182.202			N/A	15,742.25	N/A	
<b>H J HEINZ CO</b>							
Total Purchased Shares	200			please provide E	8,515.99	N/A	
LT Dividend Reinvestments	42	07-11-01	36.46714	1,531.62	1,788.24	256.62	Long Term
ST Dividend Reinvestments	6.010	07-10-07	46.27787	278.13	256.03	(22.10)	Short Term
Stock Total	248.010			N/A	10,560.26	N/A	
<b>IDEARC INC</b>							
Total Purchased Shares	19.898			please provide E	323.23	N/A	
LT Dividend Reinvestments	6.102	08-02-01	27.32710	166.75 E	99.01	(67.74)	Long Term
Stock Total	26			N/A	422.24	N/A	

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\*Adjusted Cost, Unit and Total, does not apply to all securities; it only applies to those securities whose terms can cause them to increase or reduce in value until maturity. Please contact your Financial Advisor for more information.

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FOR MONTH ENDING JANUARY 31, 2008



Account Number

**Unrealized Gain/(Loss)**  
LT Dividend Reinvestments  
ST Dividend Reinvestments  
Stock Total

Quantity	Date Acquired	Unit Cost Original / Adjusted*	Total Cost Original / Adjusted*	Market Value	Unrealized Gain/(Loss)	Additional Information
124.865	08-02-01	35.90261	4,482.98	4,848.42	365.44	Long Term
21.255	02-02-07	41.24253	876.51	825.42	(51.19)	Short Term
559.120			N/A	21,710.62	N/A	
				43,120.37	60,316.00	17,195.63
<b>Total Common Stocks</b>						

**Total Stocks**  
**Mutual Funds**  
**Other Mutual Funds**

LEGG MASON PIMRS MASS MUNI B  
JOHN HANCOCK LARGE-CAP EQI A  
TEMPLETON GLOBAL OPPORTUNITY A  
Total Purchases  
LT Dividend Reinvestments  
ST Dividend Reinvestments  
Fund Total  
Mkt. Value vs. Total Purchases  
Net Value Increase/(Decrease) #

1,794.072	05-06-05	12.81990	23,000.00 E	22,982.06	(17.94)	Long Term
1,737.470	11-14-07	29.35302	51,000.00	48,232.17	(2,767.83)	Short Term
235.342	08-18-94	10.00000	2,353.42 E	5,132.80	2,779.38	Long Term
203.926			Please provide E	4,447.52		
439.268			N/A	9,580.42	N/A	
70.600	12-10-01	16.61161	1,172.78	1,539.69	366.91	Long Term
11.125	03-07-07	22.58876	251.30	242.75	(8.55)	Short Term
520.993			N/A	11,362.86	N/A	
				N/A	11,362.86	
<b>COLUMBIA RA TAX-EXEMPT B</b>						
941.146	11-03-03	8.14000	7,660.93 E	7,340.93	(320.00)	Long Term
941.146		8.14000	7,660.93	7,340.93	(320.00)	
<b>LT Dividend Reinvestments</b>						
11.810	11-04-03	8.16003	96.37 E	92.13	(4.24)	Long Term
952.956		8.14024	7,757.30	7,433.06	(324.24)	
<b>Mkt. Value vs. Total Purchases</b>						
<b>Net Value Increase/(Decrease) #</b>				7,660.93	7,433.06	(227.87)
<b>E V MA MUNICIPALIS A</b>						
1,325.135	12-15-92	9.43860	12,507.49 E	12,230.99	(276.50)	Long Term

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ACTIVE ASSETS ACCOUNT <sup>®</sup>  
 FOR MONTH ENDING JANUARY 31, 2008

Account Number

**Unrealized Gain/(Loss)**  
 LT Dividend Reinvestments  
 ST Dividend Reinvestments  
 Fund Total

Quantity	Date Acquired	Unit Cost Original / Adjusted*	Total Cost Original / Adjusted*	Market Value	Unrealized Gain/(Loss)	Additional Information
64,253	12-01-06	7.87994	506.31 E	501.16	(5.15)	Long Term
27,342	02-01-07	7.82532	213.96 E	213.38	(.58)	Short Term
3,589,852		8.43738	30,288.98	28,000.85	(2,288.13)	

Mkt. Value vs. Total Purchases  
 Net Value Increase/(Decrease) #

29,568.71	28,000.85	(1,567.86)
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MFS MASSACHUSETTS MONY BOND A  
 Total Purchases

173,913	04-16-02	11.50000	2,000.00 E	1,947.82	(52.18)	Long Term
12,222,365			Please Provide E	136,890.53		
12,396,278			N/A	138,838.35		N/A

LT Dividend Reinvestments  
 Fund Total

266,857	08-02-01	11.17980	2,983.41 E	2,988.76	5.35	Long Term
12,663,135			N/A	141,827.11		N/A

Mkt. Value vs. Total Purchases  
 Net Value Increase/(Decrease) #

224,399.86	215,236.07	(9,163.79)
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**Total Other Mutual Funds**

224,399.86	215,236.07	(9,163.79)
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# Net Value Increase/(Decrease) compares your Total Purchases (excluding Dividend Reinvestments) with the Market Value of all shares you hold of the fund. This calculation is for informational purposes only, does not reflect your total unrealized gain or loss and should not be used for tax purposes.

**Total Mutual Funds**  
**Totals for positions with cost data available**  
**Total Market Value for all positions**

224,399.86	215,236.07	(9,163.79)
\$267,520.23	\$275,552.07	\$8,031.84
	\$678,797.98	

E - This transaction was executed elsewhere and the securities were later transferred to your Morgan Stanley account. The trade history for this transaction was provided to Morgan Stanley by your prior financial institution.  
 The "Total Cost" and "Unit Cost" for Fixed Income Unit Trusts, Mortgage-Backed Securities, and Zero Coupon Bonds has been adjusted to reflect any partial return of principal or capital that may have been paid to you, or accrued interest earned, since your purchase date. In the event that the accumulated total return of principal or capital is greater than the provided original cost, the adjusted cost will be "0.00".

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 \*Adjusted Cost, Unit and Total does not apply to all securities; it only applies to those securities whose terms can cause them to increase or reduce in value until maturity. Please contact your Financial Advisor for more information.



ACTIVE ASSETS ACCOUNT <sup>®</sup>  
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INDIVIDUAL EQUITY RATINGS

MORGAN STANLEY RESEARCH

ADDITIONAL RESEARCH

DESCRIPTION	QUANTITY	CURRENT PRICE	MARKET VALUE	RATING	INDUSTRY VIEW	VOLATILITY	NAME	RATING
AT&T INC	847,200	38.49	32,608.72	Overweight	In-Line	-	Argus	BUY
EXXON MOBIL CORP	182,202	86.40	15,742.25	Overweight	Attractive	-	S&P	3* Hold
H J HEINZ CO	248,010	42.58	10,560.26	NA	Cautious	-	S&P	3* Hold
MC DONALDS CORP	224,549	53.58	12,031.33	Coverage discontinued	-	01/16/2008	S&P	5* Strong Buy
MICROSOFT CORP	1,495,749	32.60	48,761.41	Equal-weight	Attractive	V	S&P	5* Strong Buy
MORGANTO CO/NEW	744,562	111.59	83,085.67	Overweight	Attractive	-	S&P	3* Hold
PRIZER INC	3,308,094	23.36	77,277.07	Equal-weight	In-Line	-	S&P	3* Hold
SPECTRA ENERGY CORP COM	273,059	22.84	6,236.66	Equal-weight	In-Line	-	S&P	4* Buy
VERIZON COMMUNICATIONS	559,120	38.83	21,710.62	Equal-weight	In-Line	-	S&P	3* Hold

Independent, third-party research on equity securities of certain companies covered by Morgan Stanley Equity Research is available to U.S. customers of Morgan Stanley at no cost. Customers can access this research by visiting [www.morganstanley.com/equityresearch](http://www.morganstanley.com/equityresearch), by calling 800-624-2063 or by contacting a Morgan Stanley representative to request that a copy of this research be sent to them.

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RESEARCH RATINGS DEFINITIONS

Morgan Stanley Stock Ratings  
 Overweight (O) : The stock's total return is expected to exceed the average total return of the analyst's industry (or industry team's) coverage universe, on a risk-adjusted basis, over the next 12-18 months.  
 Equal-weight (E) : The stock's total return is expected to be in line with the average total return of the analyst's industry (or industry team's) coverage universe, on a risk-adjusted basis, over the next 12-18 months.

[REDACTED]

Account Number  
[REDACTED]

### RESEARCH RATINGS DEFINITIONS

Independent third party research providers or by Morgan Stanley. Research reports from such independent third party research providers are generally available on our website, as well as current and historical ratings for the providers. You are encouraged to review this and all other relevant information available regarding your investment. Different providers use different terms and systems to describe the recommendations in their research reports. For example, Morgan Stanley uses a relative rating system including terms such as Overweight, Equal-weight or Underweight (see explanations within definitions section). In addition, Morgan Stanley applies an industry rating system which compares the analyst's view of the industry to the broader market benchmark. A rating system using terms such as buy, hold and sell may not be equivalent to our rating system. Investors should carefully read the explanations of all ratings shown. The ratings assigned to each security and the explanations for the ratings used by the independent third party research providers have been furnished to us by such providers. In addition, since the research report contains more complete information concerning the analyst's views, investors should read the entire research report and not infer its contents from the rating alone.

All ratings shown on statements are as of the last business day of the month. All ratings shown on confirms are as of the current business day.

## **Exhibit 2**

# Fixed Annuity Withdrawal Request



Please return the completed form by mail or fax to:

For standard mail delivery:  
 Sun Life Financial  
 P.O. Box 9133  
 Wellesley Hills, MA 02481  
 Phone: (800) 752-7215  
 Fax: (781) 304-5383

For overnight mail delivery:  
 Sun Life Financial  
 112 Worcester Street  
 Wellesley Hills, MA 02481

This form cannot be used for 403(b) accounts.

NOTE: This form is for Keyport annuities only.

## 1 Contract/Certificate Information

Please PRINT clearly.

Please check here if your address has changed. See Authorization and Signature Guarantee section for requirements.

Sun Life Assurance Company of Canada (U.S.) Contract/Certificate Number		
Participant/Owner Name (Last, First, Middle Initial)		Social Security Number
Co-Participant/Joint Owner Name (if applicable)		Social Security Number
Address (Number and Street)		
City	State	Zip Code
Participant/Owner Phone Number (area code first)	Best time to call	<input type="checkbox"/> AM <input type="checkbox"/> PM

## 2 Withdrawal Instructions

Any withdrawal may be subject to a surrender charge and/or a positive or negative Market Value Adjustment (MVA). Any applicable MVA and/or surrender charges will impact your final check amount unless you request a net check (see "net check" option below). Please refer to your contract/certificate for more detailed information regarding the impact of withdrawals from your annuity.

### Option A. Partial Withdrawal

Withdraw matured funds. Please provide the date of deposit and dollar amount:

Date of Deposit (mm/dd/yy)	Dollar Amount \$ _____
----------------------------	---------------------------

- Withdraw my annual free amount.
- Withdraw the maximum amount allowable without a surrender charge. This amount is equal to the annual free amount PLUS any matured funds.
- Withdraw a specific dollar amount. Please indicate the dollar amount to be withdrawn:

Dollar Amount \$ _____
---------------------------

Any applicable surrender charge will be deducted in accordance with the contract provisions.

Net Check Request: Please take my withdrawal NET of any applicable surrender charges, MVA and taxes.

### Option B. Full Surrender

Full surrender of this annuity

Complete Option A ONLY if you wish to take a partial withdrawal.

Complete Option B ONLY if you wish to close your annuity.

Complete Option B ONLY if you wish to close your annuity.

**3 Tax Information**

The Internal Revenue Service may consider an annuity withdrawal as a taxable event. Federal and/or state taxes may apply. Please consult a tax advisor prior to making any withdrawals from your annuity.

Any withdrawals taken in addition to the withdrawals under the SEPP program will result in the cancellation of your SEPP program.

**Federal Income Tax Withholding Election.**

You are liable for the payment of Federal income taxes on the taxable portion of your withdrawal. Sun Life Financial is required to withhold 10% for Federal income taxes unless you elect below either (1) no withholding or (2) a withholding amount other than 10%. Your election will also apply to future withdrawals unless you change it and you may do so at any time by notifying Sun Life Financial in writing.

Please note that if you elect no withholding, or if you do not have enough tax withheld from your distribution, you may have to pay estimated taxes. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

Please select ONE only.

Yes. I want Federal income taxes withheld from my withdrawal.

Withhold \$ \_\_\_\_\_ or \_\_\_\_\_% (please choose a percentage between 10% and 50%).

No. I do not want Federal income taxes withheld from my withdrawal.

**State Premium Tax**

If you are taking a full surrender, a state premium tax may apply based upon your resident state.

**4 Mailing Instructions**

Unless otherwise instructed below, the proceeds will be sent to the Contract Participant/owner's address of record via First Class mail.

Forward the proceeds to the following address. If this option is selected, an original signature guarantee is required in the Authorization and Signature Guarantee section of this form.

Alternate Payee (if applicable)		
Address (Number and Street)		
City	State	Zip code

Wire the proceeds to the following account. If this option is selected, a signature guarantee is required in the Authorization and Signature Guarantee section of this form. There will be a standard \$25 fee for all wire requests.

Institution Name	Account Number
Account Name	Nine Digit Routing Number
Further Credit (if applicable)	

Overnight Delivery

NOTE: The overnight fee will be deducted from your account. Overnight deliveries must be sent to a street address. If a P.O. Box is indicated, we will send the proceeds via First Class mail.

Next Day Delivery

2nd Day Delivery

Saturday Delivery

**5 Authorization and Signature Guarantees - THIS SECTION MUST BE COMPLETED**

All Participants/Owners and/or authorized signers MUST sign in this section before we can comply with any withdrawal request.

If any of the following apply, a signature guarantee is required for each signature on this form. Please note that if a signature guarantee is required, we will not accept a fax copy.

- The gross amount of the withdrawal is equal to or greater than \$100,000.
- The address on file for the Participant/Owner has changed within 30 days of Sun Life's receipt of this request.
- You request that Sun Life make the check payable to a party other than the Participant/Owner.
- You request that Sun Life mail the check to an address other than the Participant/Owner's address of record.
- You request that Sun Life wire the proceeds to a bank account.

Your signature(s) must be guaranteed by a bank that is a member of the FDIC, a member firm of the New York, American, Boston, Midwest, Philadelphia, or Pacific Stock Exchange, or a member of the Securities Transfer Agents Medallion Program (STAMP). Notary stamps will not be accepted.

NOTE: If you are signing as a fiduciary (guardian/conservator/trustee/attorney-in-fact, etc.) for the Owner, you must sign this form in your fiduciary capacity and not in your individual capacity.

**BOTH THE PARTICIPANT(S)/OWNER(S) AND THE CO-PARTICIPANT(S)/JOINT OWNER(S) MUST SIGN THIS FORM BELOW.**

Please Print Participant/Owner Name	Date (mm/dd/yyyy)
Participant/Owner Signature	Date (mm/dd/yyyy)

Please Print Co-Participant/ Joint Owner Name	Date (mm/dd/yyyy)
Co-Participant/Joint Owner Signature	Date (mm/dd/yyyy)

Place Original Signature Guarantee Stamp Here

Place Original Signature Guarantee Stamp Here

## **Exhibit 3**

POWER OF ATTORNEY

Know All Men by These Presents, that I, [REDACTED], of [REDACTED], Barnstable County, Massachusetts, a citizen of the United States, have made, constituted and appointed, and by these presents do make, constitute and appoint Carlene Flannery Veara, of South Yarmouth, Massachusetts, my true lawful attorney, for me and in my name, place and stead to ask, demand, sue for, collect and receive all sums of money, dividends, interest, payments on account of debts and legacies and all property now due or which may hereafter become due and owing to me, and give good and valid receipts and discharges for such payments; to sell, assign and transfer stocks and bonds and securities standing in my name or belonging to me; to buy and sell securities of all kinds in my name and for my account and at such prices as shall seem good to her; to sign, execute, acknowledge and deliver in my name all transfers and assignments of securities; to borrow money and to pledge securities for such loans if in the judgment of my attorney such action should be necessary; to consent in my name to reorganizations and mergers, and to the exchange of securities for new securities; to manage real property, to sell, convey and mortgage realty, to foreclose mortgages and to take title to property in my name if she thinks proper, and to execute, acknowledge and deliver deeds of real property, mortgages, releases, satisfactions and other instruments relating to realty which she considers necessary; to place and effect insurance; to do business with banks, and particularly to endorse checks and drafts made payable to my order and collect proceeds, to sign in my name checks on all accounts standing in my name, and to withdraw funds from said accounts, to open accounts in my name or in her name as my attorney-in-fact; to make such payments and expenditures as may be necessary in connection with any of the foregoing matters or with the administration of my affairs; to retain counsel and attorneys on my behalf, to appear for me in all actions and proceedings to which I may be party in the courts of Massachusetts or any other state in the United States, or in the United States courts, to commence actions and proceedings in my name if necessary, to sign and verify in my name all complaints, petitions, answers and other pleadings of every description; to make and verify income tax returns, and to represent me in all income tax matters before any office of the Internal Revenue Service and Massachusetts Department of Revenue, within the limitations of the applicable Revenue Rulings and Procedures; hereby giving and granting to my said attorney full power and authority to do and perform all and every act and thing whatsoever necessary to be done in the premises, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney may do pursuant to this power.

This power of attorney is made pursuant to the provisions of



## **Exhibit 4**

1078 P.02

# Morgan Stanley

Direct Deposit  
Authorization Agreement  
For Active Assets and  
Retail Client Accounts

**Instructions:**

- To enroll in direct deposit, complete Section 1 and take or mail this form to your financial institution. The financial institution will verify the information in Section 1 and will complete Section 2.
- Return the completed form to your Morgan Stanley Financial Advisor.
- All enrollments and changes are subject to final approval by Morgan Stanley Operations.
- Please print all information.

### Section 1 (To Be Completed By Client)

Name of Client (Last, First, Middle Initial): [REDACTED]		Type of Depositor Account <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
Address (Street, Apt. No., P.O. Box, Apartment Number): [REDACTED]		Depositor Account Number: [REDACTED]	
City: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]	
Social Security Number: [REDACTED]	Morgan Stanley Account Number: [REDACTED]		

I hereby authorize Morgan Stanley to take the actions indicated below. (Check One)

- New Application** ▶ I authorize Morgan Stanley to deposit my  Accumulated Income or  Active Asset Account periodic payment of \$ [REDACTED] Monthly  Quarterly into the above designated Account. This authorization will remain in effect until thirty (30) days after Morgan Stanley Operations receives written authorization from me of a change or cancellation. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.
- Change in Bank Accounts** ▶ I hereby give Morgan Stanley thirty (30) days prior written notice that I am changing banks or my bank branch from [REDACTED] and/or bank account number to the bank and account number indicated above. I realize this change will not go into effect until one month from the date it is received by Morgan Stanley Operations. It is recommended that the participant maintain accounts at both financial institutions until [REDACTED] branch or branch change will be made for the new [REDACTED] to have the branch and check.

Name: CARLENE B. VERA		3048
Date: 6-12-16		6-12-16
Pay to the Order of: Bank of America	\$ [REDACTED]	Dollars
ACH No: 610999111	For: [REDACTED]	

Print or Type Representative's Name: [REDACTED] Signature: [REDACTED] Date: [REDACTED]

Investments and services are offered through Morgan Stanley & Co. Incorporated, member SIPC.

OWR 1006-0 (10-1) POC 0407 630



AUG 10 9:3306s

P.02 588 750 9656

MORGAN STANLEY 116

AUG-10-2007 09:18


## **Exhibit 5**

# Morgan Stanley Smith Barney TOD Disclosure Agreement

## Designation of Beneficiaries

Account Number \_\_\_\_\_

The following Designation of Beneficiaries is a \_\_\_\_\_ new \_\_\_\_\_ updated Designation. (Attach additional pages for more than three beneficiaries.) By signing this TOD Agreement, the Account Owner understands that no Beneficiary Designation is effective until actually received and accepted at the Morgan Stanley Smith Barney branch carrying the TOD Account.

Information About Beneficiaries	Beneficiary #1	Beneficiary #2	Beneficiary #3
Beneficiary's Full Name		Carlene B Vegara	
Address and Phone Numbers			
Relationship to Account Owner (if individual) or Form of Legal Entity (trust, corporation)			
Names of Trustees (trusts) or Authorized Officers (other legal entities)			
Social Security Number (Individual) or Tax ID (organization)			
Date of Birth or Date of Creation of Legal Entity			
Percent Ownership of Account Assets: Equal Shares Are Assumed If Left Blank	%	%	%

I have read this TOD Disclosure Agreement carefully and I understand and agree to its terms:

\_\_\_\_\_  
  
 Signature of First Account Owner

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Second Account Owner

\_\_\_\_\_  
 Date

# **Exhibit 6**

**MorganStanley  
SmithBarney**

**CLIENT STATEMENT** | For the Period April 1-30, 2010



TOTAL VALUE LAST PERIOD \$699,410.19  
(as of 3/31/10)  
NET CONTRIBUTIONS/WITHDRAWALS (1,173.08)  
PORTFOLIO INCOME & APPRECIATION (39,565.15)  
**TOTAL VALUE OF YOUR ACCOUNT \$658,671.96**  
(as of 4/30/10)

Your Financial Advisor Team  
[REDACTED] VEARA  
508-790-9600

[REDACTED]  
[REDACTED] TOD [REDACTED]  
C B VEARA  
SUBJECT TO STA RULES  
[REDACTED]  
[REDACTED]

Your Branch  
45 NORTH STREET  
HYANNIS, MA 02601  
Telephone: 508-790-9600  
Alt. Phone: 800-347-8057  
Fax: 508-790-9650

Client Interaction Center  
800-869-3326  
24 Hours a Day, 7 Days a Week

Access your accounts online  
[www.morganstanley.com/online](http://www.morganstanley.com/online)

Investments and services offered through Morgan Stanley Smith Barney LLC, and accounts carried by Morgan Stanley & Co. Incorporated; members SIPC.



# **Exhibit 7**

my death, and to provide for the possible contingency of an ineffective attempt to create a joint tenancy, estate by the entirety or estate by survivorship. The provisions of the Article shall not apply to any property which I shall own with any other person or persons as tenant in common.

IV

I appoint my said friend, Carlene Flannery Veara, Executrix of this my Will. My Executrix shall be entitled to a reasonable compensation for her services to my estate. However, if my said friend, [REDACTED] shall fail to survive me, and Carlene Flannery Veara becomes a beneficiary of my residuary estate in Article II hereinabove, then such bequest shall be her compensation for her services to my estate.

I request that any Executor may be appointed Temporary Executor upon application therefor.

V

In the administration of my estate, my Executors shall have the following powers:

(a) They may retain in their absolute discretion and for such period as they shall deem advisable all or any part of the property owned by me at the time of my death; or they may sell all or may sell part of such property, or all or any part of any other property, which at any time may constitute a part of my estate for



## **Exhibit 8**

Vermont, if he shall survive me.

If the said ██████████ shall fail to survive me then her share shall go to my friend, Carlene Flannery Veara, of South Yarmouth, Massachusetts. If any of the other named individuals shall fail to survive me then his or her share shall be divided equally among the survivors of the individuals named above.

### III

In the event that, at the time of my death, I am the owner, joint owner or co-owner of any real estate, insurance settlement, bank account, government bond or security or instrument of indebtedness which is registered or issued in the names of myself and another person or persons as tenants by the entirety or as joint tenants with right of survivorship, or which is registered or issued in my name but is payable to or apparently payable to a named beneficiary on my death, I declare it to be my intention that all my right, title and interest in any such property shall immediately pass to the joint owner, co-owner or beneficiary named in any instrument pertaining to such property, whether or not my right, title or interest in any such property would, by operation of law, upon my death, vest in or pass to such surviving person. I make this provision in order to eliminate any doubt or question as to the right of any such person apparently entitled thereto, to succeed to the full possession and ownership of such property upon

# **Exhibit 9**

MorganStanley  
SmithBarney

OFFICE	ACCOUNT NO.	F.A.
[REDACTED]	[REDACTED]	[REDACTED]



Date: 10-06-2009

Please accept this as your authority to send all correspondence and materials

C/O:

[REDACTED]

---

c/o Cape Cod Chretakers, Inc.

---

P.O. Box [REDACTED]

---

[REDACTED]

These instructions are to remain in force until you are notified by me in writing to the contrary.

[REDACTED]

Authorized Signature(s)

Investments and services offered through Morgan Stanley Smith Barney LLC, and accounts carried by Morgan Stanley & Co. Incorporated; members SIPC.

J 06/09

# **Exhibit 10**

D

# The Commonwealth of Massachusetts

William Francis Galvin  
Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512

## Articles of Organization (General Laws Chapter 156D, Section 2.02; 950 CMR 113.16)

### ARTICLE I

The exact name of the corporation is:

CAPE COD CARETAKERS CORP

### ARTICLE II

Unless the articles of organization otherwise provide, all corporations formed pursuant to G.L. Chapter 156D have the purpose of engaging in any lawful business. Please specify if you want a more limited purpose:

N/A

### ARTICLE III

State the total number of shares and par value, if any, of each class of stock that the corporation is authorized to issue. All corporations must authorize stock. If only one class or series is authorized, it is not necessary to specify any particular designation.

WITHOUT PAR VALUE		WITH PAR VALUE		
TYPE	NUMBER OF SHARES	TYPE	NUMBER OF SHARES	PAR VALUE
COMMON	275,000			

*\*G.L. Chapter 156D eliminates the concept of par value, however a corporation may specify par value in Article III. See G.L. Chapter 156D, Section 6.21, and the comments relative thereto.*

9  
RC

#### ARTICLE IV

Prior to the issuance of shares of any class or series, the articles of organization must set forth the preferences, limitations and relative rights of that class or series. The articles may also limit the type or specify the minimum amount of consideration for which shares of any class or series may be issued. Please set forth the preferences, limitations and relative rights of each class or series and, if desired, the required type and minimum amount of consideration to be received.

NONE

#### ARTICLE V

The restrictions, if any, imposed by the articles of organization upon the transfer of shares of any class or series of stock are:

SEE PAGE 5a.

#### ARTICLE VI

Other lawful provisions, and if there are no such provisions, this article may be left blank.

SEE PAGES 6a AND 6b.

*Note: The preceding six (6) articles are considered to be permanent and may be changed only by filing appropriate articles of amendment.*

Any Stockholder, including the heirs, assigns, executors or administrators of a deceased stockholder, desiring to sell or transfer any stock owned by him or them, shall first offer it to the Corporation through the Board of Directors, in the manner following:

He shall notify the Directors of his desire to sell or transfer by notice in writing, which notice shall contain the price at which he is willing to sell or transfer and the name of one arbitrator. The Director shall within thirty (30) days thereafter either accept the offer, or by notice to him in writing name a second arbitrator, and these two shall name a third. It shall then be the duty of the arbitrators to ascertain the value of the stock, and if any arbitrator shall neglect or refuse to appear at any meeting appointed by the arbitrators, a majority may act in the absence of such arbitrator.

After the acceptance of the offer, or the report of the arbitrators as to the value of the stock, the directors shall have thirty (30) days within which to purchase the same at such valuation, but if at the expiration of thirty days, the Corporation shall not have exercised the rights so to purchase, the Owner of the stock shall be at liberty to dispose of the same in any manner as he may see fit.

No shares of stock shall be sold or transferred on the books of the Corporation until these provisions have been complied with, but the Board of Directors may in any particular instance waive the requirements.



---

## PROVISIONS AS TO INTERCOMPANY DEALINGS

The Corporation may enter into contracts or transact business with one or more of its directors, officers, or stockholders or with any corporation, organization or other concern in which any one or more of its directors, officers or stockholders or directors, officers, shareholders, or otherwise interested and other contracts or transactions in which any one or more of its directors, officers or stockholders is in any way interested; and, in the absence of fraud no such contract or transaction shall be invalidated or in any way affected by the fact that such directors, officers or stockholders of the Corporation have or may have interests which are or might be adverse to the interest of the Corporation even though the vote or action of directors, officers or stockholders having such adverse interests may have been necessary to obligate the Corporation upon such contract or transaction. At any meeting of the Board of Directors of the Corporation (or any duly authorized committee thereof) any such director or directors may vote to act thereat with like force and effect as if he had not such interest, provided in which case the nature of such interest (though not necessarily the extent or details thereof), shall be disclosed or shall have been known to the directors or a majority thereof. A general notice that a director or officer is interested in any corporation or other concern of any kind referred to shall be sufficient disclosure as to such director or officer with respect to all contracts and transactions with such corporation or other concern. No director shall be disqualified from holding office as director or officer of the Corporation or to any stockholder or creditor thereof or to any other person any loss incurred by it under or by reason of such contract or transaction nor shall any such director, officer or stockholder be accountable for any gains or profits realized thereon.

## INDEMNIFICATION OF DIRECTORS AND OFFICERS

The Corporation shall indemnify and hold harmless each Director and each officer of the Corporation against and from all loss, cost and reasonable expenses hereafter incurred by him in the payment, settlement and defense of any claim, suit or proceeding brought against him because he is or has been such Director or officer or because of any action alleged to have been taken or omitted by him as such Director or officer. The rights of indemnification and exoneration accruing under this Article shall apply whether or not such person continues to be a Director or officer at the time any such loss, cost or expense is suffered or incurred. Such rights shall not apply in relation to any

matters: (1) as to which such Director or officer shall be adjudged in final judgment in such suit or proceeding to be liable for willful misconduct or for his own negligence; or (2) as to which, if there is not final judgment, the stockholders if this Corporation at the time the subject is first presented to them for determination, by vote of the holders of a majority of the shares entitled to vote (excluding from shares entitled to vote all those held by each Director or officer whose conduct is under consideration) determined that such Director or officer has suffered or incurred such loss, cost or expense as the result of his willful misconduct or negligence. The rights provided for herein shall not be deemed exclusive of any other rights to which such person may be otherwise entitled, nor shall this provision restrict the right of the Corporation to indemnify or reimburse him in any proper case even though not specially provided for herein. The rights provided for herein shall apply to persons who act or have acted at the request of the Corporation as Directors or officers of other corporations in which this Corporation is or has been interested as an investor or creditor.

The Corporation shall have the power to be a partner in any business enterprise which this corporation would have the power to conduct by itself.

Meetings of the Corporation may be held anywhere in the United States of America.

ARTICLE VII

The effective date of organization of the corporation is the date and time the articles were received for filing if the articles are not rejected within the time prescribed by law. If a later effective date is desired, specify such date, which may not be later than the 90th day after the articles are received for filing.

N/A

ARTICLE VIII

The information contained in this article is not a permanent part of the articles of organization.

- a. The street address of the initial registered office of the corporation in the commonwealth:  
52 QUARTERMASTER ROW, SOUTH YARMOUTH, MA 02664
- b. The name of its initial registered agent at its registered office:  
CARLENE B. VEARA
- c. The names and street addresses of the individuals who will serve as the initial directors, president, treasurer and secretary of the corporation (an address need not be specified if the business address of the officer or director is the same as the principal office location):

President: CARLENE B. VEARA

Treasurer: CARLENE B. VEARA

Secretary: CARLENE B. VEARA

Director(s): CARLENE B. VEARA

- d. The fiscal year end of the corporation:  
DECEMBER 31.
- e. A brief description of the type of business in which the corporation intends to engage:  
HEALTH CARE AND SOCIAL ASSISTANCE.
- f. The street address of the principal office of the corporation:  
52 QUARTERMASTER ROW, SOUTH YARMOUTH, MA 02664
- g. The street address where the records of the corporation required to be kept in the commonwealth are located is:

52 QUARTERMASTER ROW, SOUTH YARMOUTH, MA 02664, which is  
(number, street, city or town, state, zip code)

- its principal office;
- an office of its transfer agent;
- an office of its secretary/assistant secretary;
- its registered office.

Signed this 16 day of OCTOBER, 2006 by the incorporator(s):

Signature: Carlene B. Veara

Name: CARLENE B. VEARA

Address: 52 QUARTERMASTER ROW, SOUTH YARMOUTH, MA 02664

\* see att'd disclaimer



Cape Cod  
Caretakers, LLC

October 16, 2006  
52 Quartermaster Row  
So. Yarmouth, MA  
02664

→ To Whom It May Concern:

Please be advised that we have never officially operated as Cape Cod Caretakers, LLC or as an LLC and hereby we give our consent to use Cape Cod Caretakers, Corp. to another entity.

Carlene B. Veana



October 28, 2006

The Commonwealth of Massachusetts  
William Francis Galvin  
Secretary of the Commonwealth  
One Ashburton Place  
Boston, MA 02108

Re: Domestic Profit Corporations  
Disclaimer for Cape Cod Caretakers, Corp.

Please be advised that Cape Cod  
Caretakers, Corp. will not be performing  
medical care to its clients, or  
engage in the practice of medicine.  
Carlene B. Vears

COMMONWEALTH OF MASSACHUSETTS

591

William Francis Galvin  
Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512

Articles of Organization  
(General Laws Chapter 156D, Section 2.02; 950 CMR 113.16)

SECRET  
CORP  
11-20-14  
11-20-14

I hereby certify that upon examination of these articles of organization, duly submitted to me, it appears that the provisions of the General Laws relative to the organization of corporations have been complied with, and I hereby approve said articles; and the filing fee in the amount of \$275 having been paid, said articles are deemed to have been filed with me this 1st day of November 2014, at 3:14 p.m.

Effective date: \_\_\_\_\_  
(must be within 90 days of date submitted)

*William Francis Galvin*

WILLIAM FRANCIS GALVIN  
Secretary of the Commonwealth

*[Signature]*  
Examiner  
*[Signature]*  
Name approval

Filing fee: \$275 for up to 275,000 shares plus \$100 for each additional 100,000 shares or any fraction thereof.

0998164

TO BE FILLED IN BY CORPORATION  
Contact Information:

C  
M

CARLENE B. VEARA

52 QUARTERMASTER ROW

SOUTH YARMOUTH, MA 02664

Telephone: 508-394-1565

Email: \_\_\_\_\_

Upon filing, a copy of this filing will be available at [www.sec.state.ma.us/cor](http://www.sec.state.ma.us/cor).  
If the document is rejected, a copy of the rejection sheet and rejected document will be available in the rejected queue

DF

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place - Room 1717, Boston, Massachusetts 02108-1512

Filing Fee: \$125.00
Late Fee: \$25.00

FORM MUST BE TYPED

Annual Report for Domestic and Foreign Corporations
(General Laws Chapter 156D Section 16.22; 950 CMR 113.57)

100022893

1 Exact name of the corporation: CAPE COD CARETAKERS CORP. 000936779
2 Jurisdiction of incorporation: MASSACHUSETTS
3 Street address of the corporation's registered office in the commonwealth:
52 QUARTERMASTER ROW
SOUTH YARMOUTH MA 02664

4 Name of the registered agent at the registered office: CARLENE B. VEARA
5 Street address of the corporation's principal office:
52 QUARTERMASTER ROW
SOUTH YARMOUTH MA 02664

6 Provide the names and addresses of the corporation's board of directors and its president, treasurer, secretary, and if different, its chief executive officer and chief financial officer.

Table with columns NAME and ADDRESS. Rows for President, Treasurer, Secretary, and Directors, all listing CARLENE B. VEARA at 52 QUARTERMASTER ROW, SOUTH YARMOUTH, MA 02664.

7 Briefly describe the business of the corporation: SOCIAL ASSISTANCE-FAMILY AND INDIVIDUAL SERVICES

8-9 Capital stock of each class and series:

Table with 3 columns: CLASS OF STOCK, TOTAL AUTHORIZED BY ARTICLES OF ORGANIZATION OR AMENDMENTS, TOTAL ISSUED AND OUTSTANDING. Rows for COMMON (275,000 authorized, 1,000 issued) and PREFERRED.

10 Check if the stock of the corporation is publicly traded.
11 Report is filed for fiscal year ending: 12/31/09 (month, day, year)

Signed by: Carlene B. Veara

Chairman of the board of directors [ ] President [X] Other officer [ ] Court-appointed fiduciary [ ]
on this 5TH day of MARCH, 2010

Handwritten signature and date 11/26/09

# **Exhibit 11**



# Fixed Annuity Withdrawal Request



Please return the completed form by mail or fax to:

For standard mail delivery:  
 Sun Life Financial  
 P.O. Box 9133  
 Wellesley Hills, MA 02481  
 Phone: (800) 752-7215  
 Fax: (781) 304-5383

For overnight mail delivery:  
 Sun Life Financial  
 112 Worcester Street  
 Wellesley Hills, MA 02481

This form cannot be used for 403(b) accounts.  
 NOTE: This form is for Keyport annuities only.

## 1 Contract/Certificate Information

Please PRINT clearly.

- Please check here if your address has changed. See Authorization and Signature Guarantee section for requirements.

Sun Life Assurance Company of Canada (U.S.) Contract/Certificate Number [REDACTED]		
Participant/Owner Name (Last, First, Middle Initial) [REDACTED]	Social Security Number [REDACTED]	
Co-Participant/Joint Owner Name (if applicable) [REDACTED]	Social Security Number [REDACTED]	
Address (Number and Street) [REDACTED]		
City [REDACTED]	State MA	Zip Code [REDACTED]
Participant/Owner Phone Number (area code first) [REDACTED]	Best time to call <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	

## 2 Withdrawal Instructions

Any withdrawal may be subject to a surrender charge and/or a positive or negative Market Value Adjustment (MVA). Any applicable MVA and/or surrender charges will impact your final check amount unless you request a net check (see "net check" option below). Please refer to your contract/certificate for more detailed information regarding the impact of withdrawals from your annuity.

### Option A. Partial Withdrawal

Withdraw matured funds. Please provide the date of deposit and dollar amount:

Date of Deposit (mm/dd/yy)	Dollar Amount \$ _____
----------------------------	---------------------------

- Withdraw my annual free amount.
- Withdraw the maximum amount allowable without a surrender charge. This amount is equal to the annual free amount PLUS any matured funds.
- Withdraw a specific dollar amount. Please indicate the dollar amount to be withdrawn:

Dollar Amount \$ _____ 40,000.00 _____
---

Any applicable surrender charge will be deducted in accordance with the contract provisions.

- Net Check Request: Please take my withdrawal NET of any applicable surrender charges, MVA and taxes.

### Option B. Full Surrender

- Full surrender of this annuity

**3 Tax Information**

The Internal Revenue Service may consider an annuity withdrawal as a taxable event. Federal and/or state taxes may apply. Please consult a tax advisor prior to making any withdrawals from your annuity.

Any withdrawals taken in addition to the withdrawals under the SEPP program will result in the cancellation of your SEPP program.

**Federal Income Tax Withholding Election.**

You are liable for the payment of Federal income taxes on the taxable portion of your withdrawal. Sun Life Financial is required to withhold 10% for Federal income taxes unless you elect below either (1) no withholding or (2) a withholding amount other than 10%. Your election will also apply to future withdrawals unless you change it and you may do so at any time by notifying Sun Life Financial in writing.

Please note that if you elect no withholding, or if you do not have enough tax withheld from your distribution, you may have to pay estimated taxes. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

Please select ONE only.

Yes. I want Federal income taxes withheld from my withdrawal.

Withhold \$ \_\_\_\_\_ or \_\_\_\_\_ % (please choose a percentage between 10% and 50%).

No. I do not want Federal income taxes withheld from my withdrawal.

**State Premium Tax**

If you are taking a full surrender, a state premium tax may apply based upon your resident state.

**4 Mailing Instructions**

Unless otherwise instructed below, the proceeds will be sent to the Contract Participant/owner's address of record via First Class mail.

Forward the proceeds to the following address. If this option is selected, an original signature guarantee is required in the Authorization and Signature Guarantee section of this form.

Alternate Payee (if applicable)		
Address (Number and Street)		
City	State	Zip code

Wire the proceeds to the following account. If this option is selected, a signature guarantee is required in the Authorization and Signature Guarantee section of this form. There will be a standard \$25 fee for all wire requests.

Institution Name	Account Number
Account Name <i>Cape Cod Caretakers, Corp</i>	Nine Digit Routing Number
Further Credit (if applicable)	

Overnight Delivery

NOTE: The overnight fee will be deducted from your account. Overnight deliveries must be sent to a street address. If a P.O. Box is indicated, we will send the proceeds via First Class mail.

Next Day Air

2nd Day Delivery

Saturday Delivery

**5 | Authorization and Signature Guarantees - THIS SECTION MUST BE COMPLETED**

All Participants/Owners and/or authorized signers MUST sign in this section before we can comply with any withdrawal request.

If any of the following apply, a signature guarantee is required for each signature on this form. Please note that if a signature guarantee is required, we will not accept a fax copy.

- The gross amount of the withdrawal is equal to or greater than \$100,000.
- The address on file for the Participant/Owner has changed within 30 days of Sun Life's receipt of this request.
- You request that Sun Life make the check payable to a party other than the Participant/Owner.
- You request that Sun Life mail the check to an address other than the Participant/Owner's address of record.
- You request that Sun Life wire the proceeds to a bank account.



Your signature(s) must be guaranteed by a bank that is a member of the FDIC, a member firm of the New York, American, Boston, Midwest, Philadelphia, or Pacific Stock Exchange, or a member of the Securities Transfer Agents Medallion Program (STAMP). Notary stamps will not be accepted.

NOTE: If you are signing as a fiduciary (guardian/conservator/trustee/attorney-in-fact, etc.) for the Owner, you must sign this form in your fiduciary capacity and not in your individual capacity.

**BOTH THE PARTICIPANT(S)/OWNER(S) AND THE CO-PARTICIPANT(S)/JOINT OWNER(S) MUST SIGN THIS FORM BELOW.**

Please Print Participant/Owner Name [REDACTED]	Date (mm/dd/yyyy) [REDACTED]
Participant/Owner Signature [REDACTED]	Date (mm/dd/yyyy) 1-4-2010
Please Print Co-Participant/ Joint Owner Name	Date (mm/dd/yyyy)
Co-Participant/ Joint Owner Signature	Date (mm/dd/yyyy)

Place Original Signature Guarantee Stamp Here

**SIGNATURE GUARANTEED**  
**MEDALLION GUARANTEE**  
**MORGAN STANLEY & CO. INCORPORATED**  
  
 (MS582) AUTHORIZED SIGNATURE  
 NYSE, INC. MEDALLION SIGNATURE PROGRAM 2000505  


Place Original Signature Guarantee Stamp Here

# Fixed Annuity Withdrawal Request



Please return the completed form by mail or fax to:

For Standard Mail Delivery:  
Sun Life Financial  
P.O. Box 9133  
Wellesley Hills, MA 02481

For Overnight Mail Delivery:  
Sun Life Financial  
112 Worcester Street  
Wellesley Hills, MA 02481

Phone: (800) 367-3653  
Fax: (781) 304-5383

This form cannot be used for 403(b) accounts.  
NOTE: This form is for Keyport annuities only.

## 1 Contract/Certificate Information

Please PRINT clearly.

Please check here if your address has changed. See Authorization and Signature Guarantee section for requirements.

Sun Life Assurance Company of Canada (U.S.) Contract/Certificate Number		
Participant/Owner Name (Last, First, Middle Initial)		Social Security Number
Co-Participant/Joint Owner Name (if applicable)		Social Security Number
Address (Number and Street)		
City	State	Zip Code
Participant/Owner Phone Number (area code first)		Best time to call <input type="checkbox"/> AM <input type="checkbox"/> PM

## 2 Withdrawal Instructions

Any withdrawal may be subject to a surrender charge and/or a positive or negative Market Value Adjustment (MVA). Any applicable MVA and/or surrender charges will impact your final check amount unless you request a net check (see "net check" option below). Please refer to your contract/certificate for more detailed information regarding the impact of withdrawals from your annuity.

Complete Option A if you want to take a partial withdrawal.

### Option A. Partial Withdrawal

Withdraw matured funds. Please provide the date of deposit and dollar amount:

Date of Deposit (mm/dd/yy)	Dollar Amount \$ _____
----------------------------	---------------------------

Please choose only ONE.

Withdraw my annual free amount.

Withdraw the maximum amount allowable without a surrender charge. This amount is equal to the annual free amount PLUS any matured funds.

Withdraw a specific dollar amount. Please indicate the dollar amount to be withdrawn:

Dollar Amount \$ _____, <u>35,000.00</u>
---

Any applicable surrender charge will be deducted in accordance with the contract provisions.

Net Check Request: Please take my withdrawal NET of any applicable surrender charges, MVA and taxes.

Complete Option B ONLY if you wish to close your annuity.

### Option B. Full Surrender

Full surrender of this annuity

**3 Tax Information**

The Internal Revenue Service may consider an annuity withdrawal as a taxable event. Federal and/or state taxes may apply. Please consult a tax advisor prior to making any withdrawals from your annuity.

Any withdrawals taken in addition to the withdrawals under the SEPP program will result in the cancellation of your SEPP program.

**Federal Income Tax Withholding Election**

You are liable for the payment of Federal income taxes on the taxable portion of your withdrawal. Sun Life Financial is required to withhold 10% for Federal income taxes unless you elect below either (1) no withholding or (2) a withholding amount other than 10%. Your election will also apply to future withdrawals unless you change it and you may do so at any time by notifying Sun Life Financial in writing.

Please note that if you elect no withholding, or if you do not have enough tax withheld from your distribution, you may have to pay estimated taxes. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

Yes. I want Federal income taxes withheld from my withdrawal.

Withhold \$ \_\_\_\_\_ or \_\_\_\_\_% (please choose a percentage between 10% and 50%).

No. I do not want Federal income taxes withheld from my withdrawal.

Please select one ONLY.

**State Premium Tax**

If you are taking a full surrender, a state premium tax may apply based upon your resident state.

**4 Mailing Instructions**

Unless otherwise instructed below, the proceeds will be sent to the contract Participant/Owner's address of record via First Class mail.

Forward the proceeds to the following address. If this option is selected, a signature guarantee is required in the Authorization and Signature Guarantee section of this form.

Alternate Payee (if applicable)		
Address (Number and Street)		
City	State	Zip Code

Wire the proceeds to the following account. If this option is selected, a signature guarantee is required in the Authorization and Signature Guarantee section of this form. There will be a standard \$25 fee for all wire requests.

Institution Name	Account Number
Account Name	Nine Digit Routing Number
Cape Cod Caretakrs, Corp	
Further Credit (if applicable)	

Overnight Delivery

NOTE: The overnight fee will be deducted from your account. Overnight deliveries must be sent to a street address. If a P.O. Box is indicated, we will send the proceeds via First Class mail.

Next Day Air

2nd Day Delivery

Saturday Delivery

**5 Authorization and Signature Guarantees - THIS SECTION MUST BE COMPLETED**

If any of the following apply, a signature guarantee is required for each signature on this form. Please note that if a signature guarantee is required, we will not accept a fax copy.

- The gross amount of the withdrawal is equal to or greater than \$100,000
- The address on file for the Participant/Owner has changed within 30 days of Sun Life's receipt of this request
- You request that Sun Life make the check payable to a party other than the Participant/Owner
- You request that Sun Life mail the check to an address other than the Participant/Owner's address of record
- You request that Sun Life wire the proceeds to a bank account

Your signature(s) must be guaranteed by a bank that is a member of the FDIC, a member firm of the New York, American, Boston, Midwest, Philadelphia, or Pacific Stock Exchange, or a member of the Securities Transfer Agents Medallion Program (STAMP). Notary stamps will not be accepted.

NOTE: If you are signing as a fiduciary (guardian/conservator/trustee/attorney-in-fact, etc.) for the Owner, you must sign this form in your fiduciary capacity and not in your individual capacity.

**BOTH THE PARTICIPANT(S)/OWNER(S) AND THE CO-PARTICIPANT(S)/JOINT OWNER(S) MUST SIGN THIS FORM BELOW.**

All Participant(s), Owners and/or authorized signers MUST sign in this section before we can comply with any withdrawal request.

Please Print Participant/Owner Name	Date (mm/dd/yy)
[REDACTED]	07/29/09
Participant/Owner Signature	Date (mm/dd/yy)
[REDACTED]	7-29-09
Please Print Co-Participant/ Joint Owner Name	Date (mm/dd/yy)
Co-Participant/ Joint Owner Signature	Date (mm/dd/yy)

Place Original Signature Guarantee Stamp Here

Place Original Signature Guarantee Stamp Here

## **Exhibit 12**

# Fixed Annuity Withdrawal Request



Please return the completed form by mail or fax to:

For standard mail delivery:  
Sun Life Financial  
P.O. Box 9133  
Wellesley Hills, MA 02481  
Phone: (800) 752-7215  
Fax: (781) 304-5383

For overnight mail delivery:  
Sun Life Financial  
112 Worcester Street  
Wellesley Hills, MA 02481

This form cannot be used for 403(b) accounts.  
NOTE: This form is for Keyport annuities only.

31853455... 001 = 04... 19... 2010... 1E-003

## 1 Contract/Certificate Information

Please PRINT clearly.

Please check here if your address has changed. See Authorization and Signature Guarantee section for requirements.

Sun Life Assurance Company of Canada (U.S.) Contract/Certificate Number		
Participant/Owner Name (Last, First, Middle Initial)		Social Security Number
Co-Participant/Joint Owner Name (if applicable)		Social Security Number
Address (Number and Street)		
City	State MA	Zip Code
Participant/Owner Phone Number (area code first)	Best time to call	<input type="checkbox"/> AM <input type="checkbox"/> PM

## 2 Withdrawal Instructions

Any withdrawal may be subject to a surrender charge and/or a positive or negative Market Value Adjustment (MVA). Any applicable MVA and/or surrender charges will impact your final check amount unless you request a net check (see "net check" option below). Please refer to your contract/certificate for more detailed information regarding the impact of withdrawals from your annuity.

Complete Option A if you want to take a partial withdrawal.

### Option A. Partial Withdrawal

Withdraw matured funds. Please provide the date of deposit and dollar amount:

Date of Deposit (mm/dd/yyyy)	Dollar Amount \$
------------------------------	---------------------

Please select one ONLY.

- Withdraw my annual free amount.
- Withdraw the maximum amount allowable without a surrender charge. This amount is equal to the annual free amount PLUS any matured funds.
- Withdraw a specific dollar amount. Please indicate the dollar amount to be withdrawn:

Dollar Amount \$	40,000.00
---------------------	-----------

Any applicable surrender charge will be deducted in accordance with the contract provisions.

Net Check Request: Please take my withdrawal NET of any applicable surrender charges, MVA and taxes.

Complete Option B ONLY if you wish to close your annuity.

### Option B. Full Surrender

Full surrender of this annuity





31853455-002-04-10-2010-LE-00

**3 Tax Information**

The Internal Revenue Service may consider an annuity withdrawal as a taxable event. Federal and/or state taxes may apply. Please consult a tax advisor prior to making any withdrawals from your annuity.

Any withdrawals taken in addition to the withdrawals under the SEPP program will result in the cancellation of your SEPP program.

**Federal Income Tax Withholding Election.**

You are liable for the payment of Federal income taxes on the taxable portion of your withdrawal. Sun Life Financial is required to withhold 10% for Federal income taxes unless you elect below either (1) no withholding or (2) a withholding amount other than 10%. Your election will also apply to future withdrawals unless you change it and you may do so at any time by notifying Sun Life Financial in writing.

Please note that if you elect no withholding, or if you do not have enough tax withheld from your distribution, you may have to pay estimated taxes. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

Please select ONE only.

- Yes. I want Federal income taxes withheld from my withdrawal.  
Withhold \$ \_\_\_\_\_ or \_\_\_\_\_% (please choose a percentage between 10% and 50%).
- No. I do not want Federal income taxes withheld from my withdrawal.

**State Premium Tax**

If you are taking a full surrender, a state premium tax may apply based upon your resident state.

**4 Mailing Instructions**

Unless otherwise instructed below, the proceeds will be sent to the Contract Participant/Owner's address of record via First Class mail.

- Forward the proceeds to the following address. If this option is selected, an original signature guarantee is required in the Authorization and Signature Guarantee section of this form.

Alternate Payee (if applicable)		
Address (Number and Street)		
City	State	Zip code

- Wire the proceeds to the following account. If this option is selected, a signature guarantee is required in the Authorization and Signature Guarantee section of this form. There will be a standard \$25 fee for all wire requests.

Institution Name	Account Number
Account Name <i>Cape Cod Caretakers, Corp.</i>	Nine Digit Routing Number
Further Credit (if applicable)	

- Overnight Delivery  
NOTE: The overnight fee will be deducted from your account. Overnight deliveries must be sent to a street address. If a P.O. Box is indicated, we will send the proceeds via First Class mail.
- Next Day Air
- 2nd Day Delivery
- Saturday Delivery

AN/PS Liquidation

The undersigned hereby certifies that the above information is true and correct to the best of his knowledge and belief, and that he is duly qualified to make such a statement.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
 (Signature)

31853455-003-04-10-2010-11-00

**5 Authorization and Signature Guarantees - THIS SECTION MUST BE COMPLETED**

All Participants/Owners and/or authorized signers **MUST** sign in this section before we can comply with any withdrawal request.

If any of the following apply, a signature guarantee is required for each signature on this form. Please note that if a signature guarantee is required, we will not accept a fax copy.

- The gross amount of the withdrawal is equal to or greater than \$100,000.
- The address on file for the Participant/Owner has changed within 30 days of Sun Life's receipt of this request.
- You request that Sun Life make the check payable to a party other than the Participant/Owner.
- You request that Sun Life mail the check to an address other than the Participant/Owner's address of record.
- You request that Sun Life wire the proceeds to a bank account.

Your signature(s) must be guaranteed by a bank that is a member of the FDIC, a member firm of the New York, American, Boston, Midwest, Philadelphia, or Pacific Stock Exchange, or a member of the Securities Transfer Agents Medallion Program (STAMP). Notary stamps will not be accepted.

NOTE: If you are signing as a fiduciary (guardian/conservator/trustee/attorney-in-fact, etc.) for the Owner, you must sign this form in your fiduciary capacity and not in your individual capacity.

**BOTH THE PARTICIPANT(S)/OWNER(S) AND THE CO-PARTICIPANT(S)/JOINT OWNER(S) MUST SIGN THIS FORM BELOW.**

Please Print Participant/Owner Name	Date (mm/dd/yyyy)
Participant/Owner Signature	Date (mm/dd/yyyy) 04/02/2010
Please Print Co-Participant/ Joint Owner Name	Date (mm/dd/yyyy)
Co-Participant/ Joint Owner Signature	Date (mm/dd/yyyy)

Place Original Signature Guarantee Stamp Here

**SIGNATURE GUARANTEED**  
**MEDALLION GUARANTEED**


MORGAN STANLEY  
CO. INCORPORATED

*[Handwritten Signature]*

(MS587) AUTHORIZED SIGNATURE  
20000505

NYSE, INC. MEDALLION SIGNATURE PROGRAM

**ORIGINAL SIGNATURE GUARANTEE**



Place Original Signature Guarantee Stamp Here

NO. 1000000000  
 YOUR SERVICE  
 MEDICAL GUARANTEED  
 SIGNATURE GUARANTEE  
 HARRIS INC. (SERIES)  
 1000000000