

Third party authorization form – Sun Life Guaranteed Investment Funds

Purpose: By completing and signing this form, you authorize Sun Life Assurance Company of Canada (Sun Life) to release all requested contract information to the individual named below.

Information about the owner of the contract

| | | | | | |
|--------------------------|-----------------|---------------------------|-----------------|-------------------------|-----------------|
| Owner's first name | | Owner's middle name | | Owner's last name | |
| Joint owner's first name | | Joint owner's middle name | | Joint owner's last name | |
| Phone number | Contract number | Contract number | Contract number | Contract number | Contract number |

Authorization for third party

I authorize Sun Life to release any information about the contract(s) listed above.

for an ongoing period, until further notice

or

for the time period from to

Note: If the authorized third party is a company, name up to three individuals at the company and provide the following information for each person. Sun Life will only disclose information to these individuals.

| | | | | | |
|--------------------------------------|--|-------------|--|------------|-------------|
| First name of authorized third party | | Middle name | | Last name | |
| Relationship to contract owner | | | | Fax number | |
| Address | | City | | Province | Postal code |

| | | | | | |
|--------------------------------------|--|-------------|--|------------|-------------|
| First name of authorized third party | | Middle name | | Last name | |
| Relationship to contract owner | | | | Fax number | |
| Address | | City | | Province | Postal code |

| | | | | | |
|--------------------------------------|--|-------------|--|------------|-------------|
| First name of authorized third party | | Middle name | | Last name | |
| Relationship to contract owner | | | | Fax number | |
| Address | | City | | Province | Postal code |

| | | | | | |
|--------------------------------------|--|-------------|--|------------|-------------|
| First name of authorized third party | | Middle name | | Last name | |
| Relationship to contract owner | | | | Fax number | |
| Address | | City | | Province | Postal code |

If there are restrictions about the information that Sun Life can provide to the individual(s) named above, indicate them here:

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DEFKSLF103



Your agreement and signature

By signing this form, you agree:

- you have read and understood the purpose of this authorization,
- you are authorizing Sun Life to release contract information only to the third party listed above,
- you cannot use this form to change your advisor,
- you understand that only you (or, in some cases, your power of attorney) can make changes to your contract (i.e. power of attorney can't make beneficiary changes),
- you can withdraw or cancel this authorization at any time by calling us at 1-844-753-4437 (844-SLF-GIFS),
- this third party authorization revokes and replaces any previous third party authorization on file,
- it is your responsibility to notify Sun Life of any changes and
- Sun Life is not responsible for the effect of this authorization.

A copy of this authorization is as valid as the original.

| | |
|--|-------------------|
| Contract owner's signature X | Date (dd-mm-yyyy) |
| Joint owner's signature (if applicable) X | Date (dd-mm-yyyy) |

Return to:

Sun Life Assurance Company of Canada
30 Adelaide Street East, Suite 1
Toronto, ON M5C 3G9
Canada

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|--------------------|
| Contract number(s) |
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