

# Certificate of incumbency



Application/contract number
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I, the undersigned (the "Applicant"), as a representative of \_\_\_\_\_ (the "Organization"), hereby certify that:

- 1) each of the persons named below holds, as of the date hereof, the office set out under his/her respective name;
- 2) the signature set opposite his/her name is the proper signature of that person;
  - any one such person individually; or
  - two such persons signing together

is/are authorized to sign on behalf of the Organization any document relating to the above application/contract held with or by the Sun Life Assurance Company of Canada or one of its affiliates (the "Account");

First name	Middle name	Last name
Signature X		Title

First name	Middle name	Last name
Signature X		Title

First name	Middle name	Last name
Signature X		Title

First name	Middle name	Last name
Signature X		Title

First name	Middle name	Last name
Signature X		Title

- 3) attached to this certificate are all of the Organization's by-laws, director or shareholder resolutions or other entity documents that relate to the Organization's authorization of the persons listed above to sign on behalf of the Organization for the Account.

Sun Life Assurance Company of Canada and any of its affiliates may rely on this certificate until advised in writing to the contrary.

Applicant's signature X			Date (dd-mm-yyyy) _ _
First name (please print)	Middle name	Last name	Title