

# SUN GIF SOLUTIONS & SUN LIFETIME ADVANTAGE GIF

NON-REGISTERED/REGISTERED/LOCKED-IN

APPLICATION

**JUNE 2021**

Sun GIF Solutions and Sun Lifetime Advantage GIF are individual variable annuity contracts  
*issued by Sun Life Assurance Company of Canada, a member of the Sun Life group of companies.*

# Sun Life Guaranteed Investment Funds (GIFs) – Non-Registered/Registered/Locked-in Application



Sun Life Assurance Company of Canada – 30 Adelaide Street East, Suite 1 Toronto, ON M5C 3G9 Fax: 1-855-247-6372  
Toll Free English: 1-844-753-4437 (1-844-SLF-GIFS) Toll Free French: 1-844-374-1375 (1-844-FPG-IFSL)

## Product information

Select one.

- Sun GIF Solutions     Sun Lifetime Advantage GIF

Dealer/Distributor's segregated fund contract number

### Sun Life Financial advisors only:

Has the application been completed electronically with the client(s) present?

- Yes     No    If no, attach the additional contract opening documents.

## Registration type

Select one.

If the registration type is a LIF, LRIF, PRIF or RLIF and the owner has a spouse as defined by the applicable pension legislation complete the appropriate consent or waiver form with this application.

- |  |                                      |                                 |                                 |
|--|--------------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Non-registered individual owner | <input type="checkbox"/> RSP         | <input type="checkbox"/> LIRA   | <input type="checkbox"/> RLSP   |
| <input type="checkbox"/> Non-registered joint owner      | <input type="checkbox"/> Spousal RSP | <input type="checkbox"/> LIF *  | <input type="checkbox"/> RLIF * |
| <input type="checkbox"/> Non-registered in trust for     | <input type="checkbox"/> RIF         | <input type="checkbox"/> LRSP   | <input type="checkbox"/> PRIF * |
| <input type="checkbox"/> Non-registered estate/trust     | <input type="checkbox"/> Spousal RIF | <input type="checkbox"/> LRIF * |                                 |
| <input type="checkbox"/> Non-registered corporate        |                                      |                                 |                                 |

For all locked-in contracts, pension jurisdiction is

\*Do you have a spouse or pension partner within the meaning of the applicable pension legislation?

- Yes     No

## Owner information and identity verification

This owner is the annuitant unless you have named another in the **Annuitant information** section.

For registered contracts, the annuitant must be the owner.

Owner's last name or name of corporation/entity		First name		Middle name
Email address				Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Owner's residential address (PO Box and general delivery are not acceptable)				
City	Province	Postal code	Country of residency	
Date of birth (dd-mm-yyyy)	Social insurance number (SIN)/Business number (BN)		Telephone number	

Is mailing address the same as residential address?  Yes     No

If no, please complete mailing address.

Owner's mailing address		
City	Province	Postal code

**The rest of this section is for non-registered contracts (excluding corporate, estate or trust) – COMPLETION IS MANDATORY.**

Detailed occupation /Principal business (If retired, indicate former occupation)
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DEFKSLF105



**THREE COPIES OF THIS APPLICATION ARE REQUIRED TO BE PRINTED AND SIGNED BY THE CLIENT**

For SLF use:  
DLRAPPE

## Owner information and identity verification (continued)

For entity applications (estate, trust, corporate, partnerships etc.) the **International tax classification for an entity (4545-E)** form and **Identity verification and third party determination for entity owners (4831-E)** form are mandatory.

We will retain the information collected on this form for our records until you advise us of a change. A change includes information that affects your tax residency outside of Canada such as a change in address or telephone number. You must notify us within 30 days of all changes and provide us with a new [International tax self-certification for individuals \(4573-E\)](#) form.

<b>FATCA</b>		U.S. Taxpayer Identification Number	
Are you a U.S. resident for tax purposes (which includes a U.S. citizen)?			
<input type="checkbox"/> No		<input type="checkbox"/> Yes	
If yes, provide a U.S. Taxpayer Identification Number (TIN).			
<b>CRS</b>			
Are you a resident of any other jurisdiction other than Canada and the U.S. for tax purposes?			
<input type="checkbox"/> No		<input type="checkbox"/> Yes	
If yes, provide your jurisdictions of tax residence and Taxpayer Identification Numbers (TINs).			
Jurisdiction of tax residence		If you do not have a Taxpayer Identification Number (TIN), give the reason using one of these choices:	
Taxpayer Identification Number		<input type="checkbox"/> Reason A: I have applied for a TIN but have not yet received it.	
		<input type="checkbox"/> Reason B: My jurisdiction of tax residence does not issue TINs to its residents.	
		<input type="checkbox"/> Other: Specify the reason _____	
<b>Note:</b> If you need to enter more than one tax jurisdiction and TIN, complete the <a href="#">International tax self-certification for individuals (4573-E)</a> form.			

Always verify the identity of clients and find out whether any third parties are involved. This helps Sun Life to manage risk and to comply with the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and other relevant legislation/regulations.

If additional space is required, for any part of this section or the Dual process is being used for Identification, please complete the relevant section on the [Identity verification, third party determination and politically exposed persons \(PEP\) for individual owners \(4830-E\)](#) form and attach it to this application. How many 4830-E forms have been completed for this application/contract? # \_\_\_\_\_

### Identification method

Complete **one** of the below methods (A or B). Record all the information; do not attach photocopies.

#### A) Photo identification

View an original valid and current Canadian passport, driver's licence or document issued by a Canadian federal, provincial or territorial government for that individual. A foreign photo identification document is acceptable if it is equivalent to an acceptable Canadian photo identification document.

Type of document		Document number	
Document expiry date (dd-mm-yyyy)	Province of issue	Country	Date of verification (dd-mm-yyyy)

#### B) Dual process – complete **ONLY** Section 1, Section 6 and Section 7 of the [Identity verification, third party determination and politically exposed persons \(PEP\) for individual owners \(4830-E\)](#) form. Ensure that the **Third party determination, PEP and HIO information** section is completed on this application.

## Joint, in trust for or spousal registered plan information and identity verification

Joint owner and in trust for (ITF) contracts are not permitted for registered contracts.

Complete this section for a spousal RSP/RIF.

**For joint owner contracts, if you want the contract to continue after the death of the annuitant, the Successor annuitant information section must be completed.**

- Joint owner with right of survivorship (not applicable in Quebec)  ITF  
 Joint owner (including tenants in common)  Spousal contributor

Last name	First name	Middle name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Residential address (PO Box and general delivery are not acceptable)			
City	Province	Postal code	Country of residency
Date of birth (dd-mm-yyyy)		Social insurance number (SIN)	

### Signing authority

- Only one signature required. Certain transactions such as beneficiary designations will require both signatures. If not selected, both signatures will be required for all transactions. Other limitations may apply.

**Joint, in trust for or spousal registered plan information and identity verification (continued)**

**Subrogated policyholders – In Quebec only:**

Check here if you (the owner) and joint owner would like to name each other as subrogated policyholders.

**The rest of this section is for non-registered contracts (excluding corporate, estate or trust) – completion is mandatory.**

Detailed occupation /Principal business (If retired, indicate former occupation)
--

We will retain the information collected on this form for our records until you advise us of a change. A change includes information that affects your tax residency outside of Canada such as a change in address or telephone number. You must notify us within 30 days of all changes and provide us with a new [International tax self-certification for individuals \(4573-E\)](#) form.

<p><b>FATCA</b> Are you a U.S. resident for tax purposes (which includes a U.S. citizen)?  <input type="checkbox"/> No   <input type="checkbox"/> Yes   If yes, provide a U.S. Taxpayer Identification Number (TIN).</p>	<p>U.S. Taxpayer Identification Number</p>			
<p><b>CRS</b> Are you a resident of any other jurisdiction other than Canada and the U.S. for tax purposes?  <input type="checkbox"/> No   <input type="checkbox"/> Yes   If yes, provide your jurisdictions of tax residence and Taxpayer Identification Numbers (TINs).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; height: 20px;">Jurisdiction of tax residence</td> <td rowspan="2" style="width: 70%; vertical-align: top;">                 If you do not have a Taxpayer Identification Number (TIN), give the reason using one of these choices:  <input type="checkbox"/> Reason A: I have applied for a TIN but have not yet received it.  <input type="checkbox"/> Reason B: My jurisdiction of tax residence does not issue TINs to its residents.  <input type="checkbox"/> Other: Specify the reason _____             </td> </tr> <tr> <td style="height: 20px;">Taxpayer Identification Number</td> </tr> </table>		Jurisdiction of tax residence	If you do not have a Taxpayer Identification Number (TIN), give the reason using one of these choices: <input type="checkbox"/> Reason A: I have applied for a TIN but have not yet received it. <input type="checkbox"/> Reason B: My jurisdiction of tax residence does not issue TINs to its residents. <input type="checkbox"/> Other: Specify the reason _____	Taxpayer Identification Number
Jurisdiction of tax residence	If you do not have a Taxpayer Identification Number (TIN), give the reason using one of these choices: <input type="checkbox"/> Reason A: I have applied for a TIN but have not yet received it. <input type="checkbox"/> Reason B: My jurisdiction of tax residence does not issue TINs to its residents. <input type="checkbox"/> Other: Specify the reason _____			
Taxpayer Identification Number				
<p><b>Note:</b> If you need to enter more than one tax jurisdiction and TIN, complete the <a href="#">International tax self-certification for individuals (4573-E)</a> form.</p>				

Always verify the identity of clients and find out whether any third parties are involved. This helps Sun Life to manage risk and to comply with the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and other relevant legislation/regulations.

If additional space is required, for any part of this section or the Dual process is being used for Identification, please complete the relevant section on the [Identity verification, third party determination and politically exposed persons \(PEP\) for individual owners \(4830-E\)](#) form and attach it to this application.

How many 4830-E forms have been completed for this application/contract? # \_\_\_\_\_

**Identification method**

Complete one of the below methods (A, or B). Record all the information; do not attach photocopies.

**A) Photo identification**

View an original valid and current Canadian passport, driver's licence or document issued by a Canadian federal, provincial or territorial government for that individual. A foreign photo identification document is acceptable if it is equivalent to an acceptable Canadian photo identification document.

Type of document		Document number	
Document expiry date (dd-mm-yyyy)	Province of issue	Country	Date of verification (dd-mm-yyyy)

**B) Dual process – complete **ONLY** Section 1, Section 6 and Section 7 of the [Identity verification, third party determination and politically exposed persons \(PEP\) for individual owners \(4830-E\)](#) form. Ensure that the **Third party determination, PEP and HIO information** section is completed on this application.**

**Annuitant information**

For non-registered contracts, complete if annuitant is different from the owner.

If this section is not completed, the annuitant will be the same as the owner.

For registered contracts, the annuitant must be the owner.

Annuitant's last name	First name	Middle name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Annuitant's address (street number and name – if different from owner)			
City	Province	Postal code	Country of residency
Date of birth (dd-mm-yyyy)		Relationship to owner	

## Successor annuitant information

### For non-registered and RIF contracts only.

For RIF contracts the successor annuitant must be the annuitant's spouse.

**If you want the contract to continue after the death of the annuitant, this section must be completed.**

Check here if the successor annuitant is the same as joint owner.

Successor annuitant's last name	First name	Middle name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to owner			

## Successor owner information

### For non-registered contracts only.

Complete only if the contract is to continue after the death of the owner.

Successor owner's last name	First name	Middle name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to owner			

## Lifetime guaranteed income option

Must be selected if purchasing Income Series or Sun Lifetime Advantage GIF and cannot be changed.

**For contracts with joint life income option, other than RRSPs, the joint life must also be the successor annuitant for the income to continue.**

- Single life income option** (must be the annuitant).
- Joint life income option** (must be the annuitant's spouse or common-law partner as defined by the Income Tax Act (Canada)). Provide details below.

Check here if the joint life is the same as the joint owner/spousal contributor indicated in the **Joint, in trust for or spousal registered plan information** section.

Last name	First name	Middle name
Date of birth (dd-mm-yyyy)		

**Note:** If you want to elect income, ensure you complete the **RIF/LIF/LRIF/RLIF/PRIF and SWP payment details** section.

By checking here, I acknowledge that I understand the following:

For locked-in money, pension law limits the annual payment we are allowed to make. The maximum permitted payment is established each calendar year. At some point the maximum permitted payment may be less than the lifetime guaranteed income payment, in which case we will be required to reduce the annual payment to the maximum permitted payment. You may be able to receive an amount equal to the lifetime guaranteed income amount by choosing to receive life annuity payments, subject to certain qualifications and restrictions. Speak to your insurance advisor for more information.

## Beneficiary designation

\*Relationship of the beneficiary to the annuitant except in Quebec where it is the relationship to the planholder.

**Note:** If a beneficiary dies before the death of the last surviving annuitant, unless there is a contingent beneficiary for that share, the deceased beneficiary's share will be payable to the owner or estate of the owner if the owner is deceased.

### Primary beneficiary #1

Name	Relationship*	Share %
Contingent beneficiary(ies) for this primary beneficiary's share (The total percentage for contingent beneficiary(ies) must equal 100% for each primary beneficiary)		
Name	Relationship*	Share %
Name	Relationship*	Share %

### Primary beneficiary #2

Name	Relationship*	Share %
Contingent beneficiary(ies) for this primary beneficiary's share (The total percentage for contingent beneficiary(ies) must equal 100% for each primary beneficiary)		
Name	Relationship*	Share %
Name	Relationship*	Share %

## Beneficiary designation (continued)

### Primary beneficiary #3

Name	Relationship*	Share %
Contingent beneficiary(ies) for this primary beneficiary's share (The total percentage for contingent beneficiary(ies) must equal 100% for each primary beneficiary)		
Name	Relationship*	Share %
Name	Relationship*	Share %

Name of trustee(s) appointed for minor beneficiary(ies) (In Quebec any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian of the minor child.)

- A separate beneficiary designation with additional/alternate beneficiary or contingent beneficiary instructions is attached.

I (We) choose to designate \_\_\_\_\_ as irrevocable beneficiary(ies).

**In Quebec:** the designation of a spouse (married or civil union) as beneficiary is irrevocable unless the owner checks revocable here:  Revocable

### Legacy settlement option:

- I (We) choose to have one or more of the beneficiaries receive their share of the death benefit as a payout annuity. Complete the [Legacy settlement option – Sun Life Guaranteed Investment Funds \(4633-E\)](#) form along with this application.

## Source of funds

### Select all that apply.

\* Complete the One-time PAC instructions in the Pre-authorized chequing plan (PAC) section below.

**Wire order**  **Wire order #**  
 **Cheque**  **Transfer** (attach transfer form)  **One-time PAC\***

Amount \$	Name of issuer/carrier	Existing Sun Life account/contract number (if applicable)
Amount \$	Name of issuer/carrier	Existing Sun Life account/contract number (if applicable)
Amount \$	Name of issuer/carrier	Existing Sun Life account/contract number (if applicable)

### Loan

Amount \$	Name of lender	Loan reference number
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## Investment direction

When purchasing O class units – Complete the **Series O/O Class service fee agreement form**.

For deposits into the Dollar Cost Average fund (DCA), indicate the total deposit to the DCA fund in this section, then complete the **Dollar cost average fund (DCA) switch instructions** section below.

For deposits using PAC, complete the **Pre-authorized chequing plan (PAC)** section below.

Fund code (include entire fund code eg: SEI00)	Initial sales charge (if applicable)	Amount <input type="checkbox"/> \$ <input type="checkbox"/> %
		%
		%
		%
		%
		%
		%
		%
		Total

## Pre-authorized chequing plan (PAC)

**Identity verification, third party determination and politically exposed persons (PEP) for individual owners (4830-E)** form is required for non-registered contracts if payor(s) is (are) other than the owner(s) indicated in the **Owner information, Joint, in trust for or spousal registered plan information** and **Banking information** section.

**Sun Life Financial advisors only:** An **Identity verification, third party determination and politically exposed persons (PEP) for individual owners (4830-E)** form is not required if the electronic application is being completed with the client(s) present.

**Note:** For the DCA fund, only a one-time PAC is allowed.

**Note:** If the contract is issued after the start date indicated, the payments will begin on the next scheduled payment date.

One-time PAC date (dd-mm-yyyy)	One-time PAC amount Amount \$

  

Fund code (include entire fund code eg: SEI00)	Initial sales charge (if applicable)	Amount <input type="checkbox"/> \$ <input type="checkbox"/> %
		%
		%
		%
		%
		%
		%
		%
		Total

**Pre-authorized chequing plan (PAC) (continued)**

<b>PAC start date</b> <input type="text" value="(dd-mm-yyyy)"/>	<input type="checkbox"/> End of month	<b>PAC amount</b> Amount <input type="text" value="\$"/>
<b>PAC frequency</b> (select one)		
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice per month <input type="text" value="dd"/> & <input type="text" value="dd"/>		
<input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Quarterly		
<b>Fund code</b> (include entire fund code eg: SE100)	<b>Initial sales charge</b> (if applicable)	<b>Amount</b> <input type="checkbox"/> \$ <input type="checkbox"/> %
		%
		%
		%
		%
		%
		%
<b>Total</b>		

By signing, you authorize the use of the banking information provided on the void cheque or the pre-authorized deposit form and that you have read and agree to the PAC terms and conditions set out in this application. For a joint bank account, all account holders must sign if more than one signature is required.

<b>PAC payor's signature</b> X	<b>Date</b> (dd-mm-yyyy)
<b>Joint PAC payor's signature</b> (if applicable) X	<b>Date</b> (dd-mm-yyyy)

**Dollar cost average fund (DCA) switch instructions (Applicable to the Sun Life GIFs DCA fund only)**

Complete this section to indicate the fund(s) and the amounts or percentages you are allocating to each fund.

**Note:** Money must be allocated to the funds within a 12 month period from the time of deposit to the DCA fund.

**Note:** Transactions between guarantee series in Sun GIF Solutions will affect guarantees.

<b>Switch details</b>			
<input type="text" value="\$"/> (weekly or monthly switch amount)	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="text" value="Start date (dd-mm-yyyy)"/>	<input type="checkbox"/> End of month
<b>or</b>			
<input type="text" value="Number of months"/>	<input type="text" value="Start date (dd-mm-yyyy)"/>		
<b>Fund code</b> (include entire fund code eg: SE100)	<b>Amount</b> <input type="checkbox"/> \$ <input type="checkbox"/> %	<b>Fund code</b> (include entire fund code eg: SE100)	<b>Amount</b> <input type="checkbox"/> \$ <input type="checkbox"/> %



## RIF/LIF/LRIF/RLIF/PRIF and SWP payment details

\* For Income Series and Sun Lifetime Advantage GIF only – selecting this option will ensure you receive the greater of lifetime guaranteed income amount or RIF minimum each year.

### RIF/LIF/LRIF/RLIF/PRIF contracts

- Lifetime guaranteed income\*  
 Minimum annual payment  
 Dollar amount per payment \$   Gross  Net (if neither is selected, we will process the payment as gross)  
 LIF/LRIF/RLIF maximum annual payment

### Base the minimum annual payment on my spouse's date of birth:

Spouse's date of birth (dd-mm-yyyy)

**Note:** if not completed, we will use the owner's date of birth.

### Withholding tax rate

Federal	Provincial – Quebec only	(if blank or less than the required rate, we will withhold the required rate)
%	%	

or

### Systematic withdrawal plan (SWP) – Non-registered contracts

- Lifetime guaranteed income  
 Dollar amount per payment \$   Gross  Net (if neither is selected, we will process the payment as gross)

\*\*\* If the contract is issued after the start date indicated, the payments will begin on the next scheduled payment date.

For RIF/LIF/LRIF/RLIF/PRIF – If you do not select a payment start date the minimum annual payment will be paid in December of next year.

### Payment details

#### Payment frequency (select one)

- Monthly  Quarterly  
 Semi-annually  Annually

#### Payment start date\*\*\*

(dd-mm-yyyy)

End of month

We will deposit your payment(s) directly to the banking information you provided on the void cheque or the pre-authorized deposit form.

### Fund details

Fund code (include entire fund code eg: SE100)	Amount <input type="checkbox"/> \$ <input type="checkbox"/> %	Fund code (include entire fund code eg: SE100)	Amount <input type="checkbox"/> \$ <input type="checkbox"/> %

## Banking information

Attach a void cheque or pre-authorized deposit form from the bank.

## Special instructions


## Third party determination, PEP and HIO information

### Completion is mandatory for non-registered contracts only.

Corporate, partnership, in trust for, estate and trust contracts require the **Identity verification and third party determination for entity owners (4831-E)** form

### Sun Life Financial advisors only:

This section is mandatory for all individually owned non-registered contracts unless the electronic application is being completed with the client(s) present.

Is the contract to be paid for, used by, or on behalf of a third party?

- No If no, complete the rest of this section.
- Yes If yes, attach a completed [Identity verification, third party determination and politically exposed persons \(PEP\) for individual owners \(4830-E\)](#) form

To the best of the applicant/owner's knowledge, has the applicant/owner, their family member or close associate held any of the PEP or HIO positions listed on the 'What you understand and agree to when you sign this application' at the end of this application?

- No If no, complete the rest of this section.
- Yes If yes, attach a completed [Identity verification, third party determination and politically exposed persons \(PEP\) for individual owners \(4830-E\)](#) form

Provide the source of payment for this application/contract. (select all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> salary or earned income     | <input type="checkbox"/> applicant/owner's savings | <input type="checkbox"/> business income                        |
| <input type="checkbox"/> existing investment account | <input type="checkbox"/> borrowed funds            | <input type="checkbox"/> pension income                         |
| <input type="checkbox"/> gifted funds                | <input type="checkbox"/> sale of property          | <input type="checkbox"/> proceeds from death benefits or estate |
| <input type="checkbox"/> inherited funds             | <input type="checkbox"/> social benefits           | <input type="checkbox"/> other (give details below)             |

What is the purpose and intended use of the product applied for (including an annuity product which may include periodic payments at some point under the contract)? (select all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> savings       | <input type="checkbox"/> cash reserves      | <input type="checkbox"/> emergency fund             |
| <input type="checkbox"/> vacation fund | <input type="checkbox"/> retirement savings | <input type="checkbox"/> educational purposes       |
| <input type="checkbox"/> income        | <input type="checkbox"/> legacy/inheritance | <input type="checkbox"/> other (give details below) |

## Entity signing officer certification

I confirm that I am authorized by the owner to act on their behalf in responding to questions on this form. I further confirm that, to the best of my knowledge, information provided is true and accurate with the understanding that Sun Life will rely on such information to conduct client due diligence and to satisfy applicable regulatory requirements.

Entity signing officer's last name	First name	Job title
Entity signing officer's signature X		Date (dd-mm-yyyy)
Entity signing officer's last name	First name	Job title
Entity signing officer's signature X		Date (dd-mm-yyyy)

## Acknowledgement/authorization

**Mandatory** – All owners, annuitant(s) and joint life (if applicable) must read and sign this section.

**I (We) agree to have my (our) advisor send the individual variable annuity information folder and contract including any supplements and the fund facts to me (us) electronically.**

I (We):

- declare that all statements and answers made by me (us) on this application are complete and true,
- acknowledge having received, read and agreed to the provisions in Respecting your privacy in this application and authorize Sun Life Assurance Company of Canada (Sun Life) to obtain, use, and transmit to its agents, distribution partners and service providers, personal information about me (us) for the purpose of the administration, processing and servicing of this contract,
- request that all documents delivered to me (us) in connection with this contract to be written in English. Je (Nous) demande(ons) que tous les documents qui me (nous) sont remis avec ce contrat soient rédigés en langue anglaise,
- **acknowledge receipt (either electronically or paper) of the individual variable annuity information folder and contract including any supplements and the fund facts before signing the application,**
- **acknowledge that I (we) have read the 'What you understand and agree to when you sign this application' section at the back of this application.**
- agree to provide any further information which may be required in connection with the registration and administration of this contract,
- declare by completing the **PAC** section, that all persons whose signatures are required to authorize transactions in the bank account provided have read and agreed to the PAC terms and conditions set out in this application,
- understand Sun Life is not responsible for the validity of any beneficiary designation, and
- **(for registered contracts only)** request that Sun Life apply for registration of the Plan as a registered retirement savings plan or the Fund as a registered retirement income fund under the Income Tax Act (Canada) and if applicable, under any provincial income tax law.

### Transaction authorization (not applicable to clients served by Sun Life Financial advisors)

I (We) authorize Sun Life and any of their agents to act on instructions from my (our) advisor if they reasonably believe my (our) advisor received these instructions orally or in writing from me (us). These instructions are limited to the transactions listed in the Transaction Authorization section of the 'What you understand and agree to when you sign this application' pages on the back of this application.

### Clients served by Sun Life Financial advisors ONLY

I (We):

- acknowledge that the application consists of this application and any information submitted through the electronic application,
- acknowledge receipt of the relationship brochure entitled 'A Clear Connection: Working together towards your bright future.', and
- authorize Sun Life Financial Distributors (Canada) Inc., Sun Life and any of their agents to act upon any purchase, redemption, fund switch, resets and modification of pre-authorized chequing plans (PAC) and scheduled withdrawal plans (SWP) that they receive orally or by electronic means, if they reasonably believe that the request was made by me (us).

Signed at (city) – <b>Mandatory</b>	Signed at (province) – <b>Mandatory</b>
Owner's signature X	Date (dd-mm-yyyy)
Joint owner's signature X	Date (dd-mm-yyyy)
Annuitant's signature (if not the owner) X	Date (dd-mm-yyyy)
Joint life's signature * (must be spouse of annuitant) X	Date (dd-mm-yyyy)
Parent/guardian's signature ** X	Date (dd-mm-yyyy)

\* Required if joint life income option is selected.

\*\*Parent/guardian's signature is only required where the annuitant is different from the owner and is under the age of 16 (18 in Quebec).

## Advisor information and acknowledgement

**Mandatory** – Advisors must read, complete and sign this section.

With the understanding that Sun Life will rely on the information to conduct client due diligence and to satisfy applicable regulatory requirements, I the advisor confirm that I have reviewed the details provided in this form, including the 'What you understand and agree to when you sign this application' section with the applicant/owner(s) and to the best of my knowledge, unless otherwise noted, these details are full, complete and true.

For the purchase of a non-registered contract, I confirm that all of the identification details provided in this form match the original identification documents shown to me. I confirm that I have disclosed to the owner(s) (a) the companies I represent, (b) that I will receive compensation in the form of commissions or salary for the sale of this product, (c) that I may also receive additional compensation in the form of bonuses or non-monetary benefits such as travel incentives or attendance at conferences, and (d) any conflict of interest I may have with respect to the sale of this product.

- For non-registered contracts – reasonable effort was exercised to determine if the contractholder(s) is acting on behalf of a third party.
- If there are reasonable grounds to suspect there is an undisclosed third party, HIO or PEP involved, please email details to [money.laundering@sunlife.com](mailto:money.laundering@sunlife.com).

Advisor's last name		First name	
Dealer/distributor code/number	Advisor's code/number	Telephone number	
Advisor's signature X		Province	Date (dd-mm-yyyy)
Supervisor's signature (if applicable) X			

**For non-registered contracts only** – Complete the following if the advisor verifying the identity is different from the servicing advisor.

Advisor's last name	First name	Dealer/distributor's number	Date (dd-mm-yyyy)
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## What you understand and agree to when you sign this application

In this application, “you”, “your”, and “owner” mean the owner of the contract. For non-registered contracts there can be more than one owner. “Sun Life”, “we”, “us” and “our” mean Sun Life Assurance Company of Canada.

Sign the **Acknowledgement/authorization** section of this application to confirm you understand the following:

### **Beneficiary designation – The following information applies to beneficiary designations made using this application form.**

You can appoint a beneficiary(ies) if you are the owner(s), however, for locked-in pension funds, applicable law will govern who may receive any death benefit. If a Power of attorney (POA) is signing the application on behalf of the owner, they are only permitted to name the owner's estate as beneficiary.

If a beneficiary dies before the death of the last surviving annuitant, that beneficiary's share of the death benefit will be payable to the contingent beneficiary(ies) named for that share, who survive the last surviving annuitant. If there is no contingent beneficiary who has survived that last surviving annuitant, the beneficiary's share is payable to the owner, or if the owner is deceased, to the estate of the owner.

For contracts governed by Quebec legislation, these provisions apply whether or not the shares of beneficiaries of any class are equal or unequal.

In all provinces other than Quebec,

- you can change your beneficiary(ies) without their consent unless you indicate that the designation is irrevocable.
- if you designate minor children as beneficiaries, you should also name a trustee to receive funds on their behalf.

In Quebec,

- if you name your legal spouse (married or civil union) as the beneficiary, this designation will be irrevocable unless you check the "Revocable" box in the **Beneficiary designation** section.
- if you name someone other than your legal spouse (married or civil union) as the beneficiary, you can change your beneficiary(ies) without their consent unless you indicate that the designation is irrevocable.
- any amount payable to a minor beneficiary will be paid to the parent(s) or legal guardian.

### **Pre-authorized chequing plans (PAC) terms and conditions**

#### **All PAC payor(s) agree:**

- Sun Life may make deductions, at any time, for regular recurring premiums and/or one-time premiums from the bank account indicated in this application,
- all pre-authorized debits will be processed as personal under the Payments Canada rules (this means having 90 calendar days from the date any payment is processed to claim reimbursement for any unauthorized payment),
- the withdrawal amount is considered variable under the Payments Canada rules,
- any notices to be sent to them under this agreement may be sent to the contract owner's most recent address that Sun Life has on record at the time the notice is sent,
- Sun Life may charge a fee and may cancel the PAC for any withdrawal that is not honoured,
- that all persons whose signatures are required to authorize transactions in the bank account provided have read and agreed to these terms and signed this application,
- Sun Life may not assign this authorization to another company or person in order to permit them to debit the PAC payor's account for these payments without providing at least 10 days prior written notice,
- **to waive the requirement that the company will notify them of, (i) this authorization before the first payment is processed, or, (ii) any subsequent payments, or, (iii) any changes to the amount or date of the payment initiated by them or Sun Life,**
- the payor may cancel this authorization at any time, subject to providing Sun Life notice of at least 48 hours prior to the next PAC run date. To obtain a sample cancellation form, or for more information on your right to cancel a PAC agreement, you may contact your financial institution, Sun Life or visit [www.payments.ca](http://www.payments.ca), and
- payors have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAC agreement. To obtain more information on your recourse rights, you may contact your financial institution, Sun Life or visit [www.payments.ca](http://www.payments.ca).

### **Scheduled withdrawal plan (SWP)**

- you may request withdrawals on a scheduled or unscheduled basis, depending on the registration type of the contract. Withdrawals will reduce the maturity and death benefit guarantees.
- if you request scheduled withdrawals from Income Series or Sun Lifetime Advantage GIF, and have not previously elected income, we will deem your request an automatic election of lifetime guaranteed income.
- RIFs, LIFs, LRIFs, RLIFs, and PRIFs require minimum annual payments. We calculate the minimum amount on January 1st of each year. If the total withdrawals are less than the required payment, we will pay you the balance before the end of the year.

## Deposit minimums

	Sun GIF Solutions		Sun Lifetime Advantage GIF
	Investment & Estate Series	Income Series	
Minimum initial deposit	\$500 (\$5,000 for DCA)	\$25,000	\$25,000
Minimum PAC	\$50/month to a fund	\$100/month*	\$100/month to a fund*

\*the minimum initial deposit must also be met.

## Identity verification, third party determination and politically exposed person declarations

To comply with the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and for risk management purposes, the identity of non-registered clients must be verified and the existence and involvement of any third parties determined. Complete the **Owner information and identity verification** section, **Joint, in trust for or spousal registered plan information and identity verification** section (if applicable) and the **Third party determination, PEP and HIO information** section.

### For corporate, partnership, estate and trust contracts the Identity verification and third party determination for entity owners form (4831-E) is required.

Types of third parties include, for example: payor, executor, attorney (power of attorney) or mandatary, collateral assignee / hypothecary creditor.

**Politically exposed person (PEP)** – a Politically exposed person (PEP) is a person, who is either a Politically exposed foreign person (PEFP) or Politically exposed domestic person (PEDP) who holds or has held any of the following positions, or a family member or close associate of that person.

**Politically exposed foreign person (PEFP)** – country other than Canada (living or deceased, current or ever held)

- Member of the executive council of government
- President (head) of a state-owned bank
- President (head) of a state-owned company
- Ambassador
- Attaché
- Head of state
- Member of a legislature
- Deputy minister (or equivalent rank) in government
- Counsellor of an ambassador
- Leader (or president) of a political party represented in a legislature
- Head of government
- Head of a government agency
- Military officer with a rank of general or above
- Judge of a supreme court, constitutional court or other court of last resort

**Politically exposed domestic person (PEDP)** – in Canada (living or deceased, current or in last 5 years)

- Governor General
- Lieutenant Governor
- Member of the Senate
- Member of the House of Commons
- Member of a legislature
- Deputy minister (or equivalent rank) in government
- Ambassador
- Counsellor of an ambassador
- Attaché
- Military officer with a rank of general or above
- President of a corporation that is wholly owned directly by Her Majesty in right of Canada or a province
- Head of a government agency
- Judge of an appellate court in a province
- Judge of the Federal Court of Appeal
- Judge of the Supreme Court of Canada
- Leader (or president) of a political party represented in a legislature
- Mayor
- Holder of any prescribed office or position

**Head of international organization (HIO) (currently held)** – a person is a HIO if they are the head of an international organization or the head of an institution established by an international organization. An international organization is an organization set up by the governments of more than one country and established by means of a formally signed agreement between those governments.

Examples of international organizations include but are not limited to:

- North Atlantic Treaty Organization (NATO)
- Organization for Economic Co-operation and Development (OECD)
- International Monetary Fund (IMF)
- World Bank Group
- World Health Organization (WHO)
- La Francophonie

HIO includes a family member or close associate of that person.

Note for the purposes of the definitions above:

1. Family member is a spouse, civil union spouse or common-law partner, child/step child, sibling/half sibling/step sibling of the contractholder, biological/adoptive/step parent of the contractholder, or biological/adoptive/step parent of the spouse, civil union spouse or common law partner.
2. Close associate is someone who is closely associated with the other person, for personal or business reasons. Examples of circumstances that may lead to the determination that a person is closely associated include but are not limited to:
  - Transactions that occur between a PEP or a HIO and the client;
  - Business activities between a PEP or HIO and the client;
  - Media coverage linking a PEP or HIO and the client; and
  - A personal relationship such as a romantic relationship or a close friendship between a PEP or HIO and the client.

### **Respecting your privacy**

Respecting your privacy is a priority for the Sun Life group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit [www.sunlife.ca/privacy](http://www.sunlife.ca/privacy).

### **Transaction authorization (TA) (not applicable to clients served by Sun Life Financial advisors)**

With this transaction authorization you authorize your advisor named on this application to instruct Sun Life on your behalf to process only the following transactions:

- New premium deposits
- Switches between funds – this does not include DSC to FEL requests. The order ticket must be used as this switch may impact guarantees and requires a client signature each time
- Changes to pre-authorized chequing (PAC) or systematic withdrawal plans (SWP) including increasing or decreasing the amount, changing the frequency, changing funds or restarting the PAC within 6 months of it stopping.
- Redemptions up to a maximum of \$50,000 gross with the proceeds delivered to your address currently on file or banking information currently on file. Redemptions over \$50,000 require a client signature and a signature guarantee.

**Note:** Keep a record of all instructions you give to your advisor and check your confirmation statements to ensure the transactions match your instructions. You may revoke this TA by providing written notice to Sun Life. The TA will end if Sun Life receives notice of your death, written notice or evidence of your mental incapacity or bankruptcy, a change in your advisor of record on your contract, notice of the bankruptcy of your advisor or a new TA. Sun Life may refuse to accept or process transactions under this TA. This TA does not apply to contracts with an irrevocable beneficiary. Contact your advisor if you have any questions.

### **ANY AMOUNT THAT IS ALLOCATED TO A SEGREGATED FUND IS INVESTED AT THE RISK OF THE CONTRACT OWNER AND MAY INCREASE OR DECREASE IN VALUE.**

Sun Life Global Investments is a trade name of SLGI Asset Management Inc., Sun Life Assurance Company of Canada and Sun Life Financial Trust Inc.