

Contractual conversion form – Sun Life Guaranteed Investment Funds (GIFs)



Conversion type

Please note that not all conversion scenarios are available for all products.

Current contract number	New contract number
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Select one

- | | | |
|--|---|--|
| <input type="checkbox"/> RRSP to a RRIF contract | <input type="checkbox"/> LIF/LRIF to a LIRA/LRSP contract | <input type="checkbox"/> RLIF to an RLSP contract |
| <input type="checkbox"/> LIRA to a LIF contract | <input type="checkbox"/> LIF to an RLIF contract | <input type="checkbox"/> Spousal RRIF to a Spousal RRSP contract |
| <input type="checkbox"/> LIRA to a PRIF contract | <input type="checkbox"/> RRIF to an RRSP contract | <input type="checkbox"/> Spousal RRSP to a Spousal RRIF contract |
| <input type="checkbox"/> LIRA/LRSP to a LRIF/RLIF contract | <input type="checkbox"/> RLSP to an RLIF contract | |

LIF/LRIF/PRIF/RLIF spousal information

Spouse: Do you have a spouse or pension partner within the meaning of the applicable pension law? Yes No

Note: If you have a spouse or pension partner within the meaning of the applicable legislation, then the appropriate consent/waiver form must be fully completed and accompany this conversion form.

Owner's information

Owner's last name	First name	Middle name
Date of birth (dd-mm-yyyy)	Social insurance number (SIN)	

Successor annuitant information for RRIF contracts only

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.

Note: Successor annuitant cannot be the same as the Primary beneficiary.

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

Beneficiary designation

If beneficiary designation is not completed then the current beneficiary setup on the existing contract will carry over.

Primary beneficiary #1

Last name	First 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)			
Last name	First name	Relationship*	Share %
Last name	First name	Relationship*	Share %

DEFKSLFI06



Beneficiary designation (continued)**Primary beneficiary #2**

Last name	First 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)			
Last name	First name	Relationship*	Share %
Last name	First name	Relationship*	Share %

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

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.

Payment plan details

<input type="checkbox"/> Lifetime guaranteed income* <input type="checkbox"/> Minimum annual payment ** <input type="checkbox"/> Dollar amount per payment \$ <input type="text"/> <input type="checkbox"/> Gross <input type="checkbox"/> Net (if neither is selected, we will process the payment as gross) <input type="checkbox"/> LIF/LRIF/RLIF maximum annual payment	RRIF/LIF/LRIF/RLIF/PRIF contracts Base the minimum annual payment on my spouse's date of birth: Spouse's date of birth (dd-mm-yyyy) <input type="text"/> Note: if not completed, we will use the owner's date of birth. Withholding tax rate <table border="1"> <tr> <td>Federal</td> <td>Provincial – Quebec only</td> </tr> <tr> <td>%</td> <td>%</td> </tr> </table> (if blank or less than the required rate, we will withhold the required rate)	Federal	Provincial – Quebec only	%	%
Federal	Provincial – Quebec only				
%	%				

* For Sun GIF Solutions Income Series and Sun Lifetime Advantage GIF only – selecting this option will ensure you receive the greater of the lifetime guaranteed income amount or RRIF minimum annual payment each year. Pension law limits the annual payment we are allowed to make for LIF, LRIF, and RLIF contracts. 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 payments. You may be able to receive life annuity payments, subject to certain qualifications and restrictions. Speak to your insurance advisor for more information.

** For Sun Protect GIF contracts, withdrawals up to the annual RRIF minimum will reduce the maturity and death benefit guarantees dollar for dollar. Withdrawals that exceed the RRIF minimum annual payment will reduce the guarantees proportionately.

Payment details

Payment frequency (select one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually	Payment start date (dd-mm-yyyy) <input type="text"/> <input type="checkbox"/> End of month
Payment method We will deposit your payment(s) directly to the banking information you provided on the void cheque or the pre-authorized deposit form.	

Payment plan details (continued)**Fund details**

Fund code	Amount <input type="checkbox"/> \$ <input type="checkbox"/> %	Fund code	Amount <input type="checkbox"/> \$ <input type="checkbox"/> %
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Banking information

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

Investment direction

- Only complete for a partial conversion or to change the funds held in the new contract.
- For transitions between series in a Sun GIF Solutions contract, please complete the Order ticket – Sun Life Guaranteed Investment Funds (GIFs) [4610](#).

From: Fund code (current contract)	To: Fund code (new contract)	Amount <input type="checkbox"/> \$ <input type="checkbox"/> %
		\$
		\$
		\$
		\$
		\$

Transaction authorization**Clients of Sun Life Financial advisors ONLY**

- I 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.

All other clients:

- any transaction authorization that applied to the existing contract will apply to the new contract.

Special instructions

Owner's acknowledgement/authorization

- I request that Sun Life Assurance Company of Canada convert the contract to, and register the contract as a registered retirement savings plan (RRSP), or a registered retirement income fund (RRIF), as applicable, under the provisions of the Income Tax Act (Canada).

I understand and acknowledge:

- where reference is made to RRSP it includes locked-in retirement savings plans and where reference is made to RRIF it includes locked-in retirement income plans.
- the contract will be subject to the provisions of any applicable pension law.
- the maturity guarantee and death benefit guarantee will not change for a full conversion from an RRSP to a RRIF.
- the maturity guarantee and death benefit guarantee will be proportionately carried over for a partial conversion from an RRSP to a RRIF and for a full or partial conversion from a RRIF to an RRSP.
- that all statements made by me on this form are complete and true.
- I have reviewed and confirmed the accuracy of the information recorded.
- by signing below, I confirm that I have read and agree to the information and provisions indicated above.

Signed at (city) – Mandatory		Signed at (province) – Mandatory	
Owner's signature X		Date (dd-mm-yyyy)	
Irrevocable beneficiary's signature (if applicable) X		Date (dd-mm-yyyy)	

Dealer/distributor/advisor information

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

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.

Contact information:

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Toll Free French: 1-844-374-1375
Fax: 1-855-247-6372
sunlifeglobalinvestments.com

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