

Transfer authorization for non-registered investments – Sun Life Guaranteed Investment Funds (GIFs)

Please note: The data entered on this form may be scanned and stored electronically. Please print neatly in the spaces provided to ensure completeness, accuracy and machine readability.

This form can be used for non-registered transfers (OPEN to OPEN).

Owner and joint owner information

Owner's last name or name of corporation/entity	First name	Middle name	
Joint owner's last name	First name	Middle name	
Address (street number and name)			
City		Province	Postal code
Owner's Social insurance number (SIN)/Business number (BN)	Joint owner's Social insurance number	Telephone number	

Direction to receiving institution (to receive copy of instructions)

Sun Life Assurance Company of Canada For A\$M Fundserv payment remit to SLF.
 30 Adelaide Street East, Suite 1
 Toronto ON M5C 3G9
 Tel: 1-844-753-4437
 Fax: 1-855-247-6372

Contract number (mandatory)	Dealer/distributor's code/number
Advisor's last name	Advisor's first name
Advisor's code/number	Business telephone number

If no investment instructions are provided for incoming transfer, funds will be invested in Sun GIF Solutions Sun Life Money Market Investment Series A (SLF SI153).

Fund code	Fund name	Initial sales charge (if applicable)	Amount <input type="checkbox"/> \$ <input type="checkbox"/> %
		%	\$
		%	\$

Direction to relinquishing institution (to receive original instructions)

Relinquishing institution name		Address (street number and name)		
City		Province	Postal code	
Telephone number		Relinquishing institution fax number		
Contract number (mandatory)	OR	Group plan number	Member certificate number	

Transfer: (check one box only)

- All in Cash**
 All as is (in Kind)**
 All assets**, but mixed in Cash and as is (in Kind) – See list below or attach client signed list.
 Partial**. See list below or attach client signed list.

**For in cash transfers, please refer to the statement in bold in the Owner's authorization section below. For in kind transfers, please confirm that the asset is eligible to be transferred in kind.

	Amount	Symbol and/or certificate or policy number	Description
<input type="checkbox"/> In kind <input type="checkbox"/> In cash <input type="checkbox"/> Shares/unit <input type="checkbox"/> Dollars	\$		
<input type="checkbox"/> In kind <input type="checkbox"/> In cash <input type="checkbox"/> Shares/unit <input type="checkbox"/> Dollars	\$		

Contract number

Owner's authorization

I request the transfer of funds to be invested as described above. I authorize the liquidation of all or part of my investments and agree to pay any applicable fees, charges or adjustments.

Owner's signature (mandatory) X	Date (dd-mm-yyyy)
Joint owner's signature (if applicable) X	Date (dd-mm-yyyy)

Irrevocable beneficiary: I consent to this transfer and acknowledge I may not be irrevocable beneficiary of the contract to which the funds are transferred.

Signature of irrevocable beneficiary (if applicable) X	Date (dd-mm-yyyy)
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Signature guaranteed by:

Last name	First name
Dealer/distributor's code/number	Advisor's code/number
Authorized signature X	Date (dd-mm-yyyy)

Contact information:

Toll Free English: 1-844-753-4437
Toll Free French: 1-844-374-1375
Fax: 1-855-247-6372
www.sunlifeglobalinvestments.com

Return to:

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

Contract number
