

Authorization to move money to non-registered guaranteed savings policies



PLEASE PRINT CLEARLY

1 Customer identification

| | | | |
|----------------------------------|-------------------------|-----------------------------|--|
| Policy owner first name | | Last name | |
| Address (street number and name) | | | |
| City | Province | Postal code | |
| Social Insurance Number | Telephone number (home) | Telephone number (business) | |

2 Receiving institution information

Receiving institution name: Sun Life Assurance Company of Canada

Address: 227 King St South
PO Box 1601 STN Waterloo
Waterloo ON N2J 4C5

Telephone number: 1-877-SUN-LIFE (1-877-786-5433)

| | |
|------------------------|-----------------------------------|
| Customer policy number | Group plan number (if applicable) |
|------------------------|-----------------------------------|

Investment instructions

| Investment name | Symbol | %/ \$ Amount | Investment name | Symbol | %/ \$ Amount |
|-----------------|--------|--------------|-----------------|--------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

3 Customer direction to transferring institution

| | | |
|-----------------------------------|------------------------|-------------|
| Transferring institution name | | |
| Address (street number and name) | | |
| City | Province | Postal code |
| Group plan number (if applicable) | Customer policy number | |

Transfer (check one box only)

- All in cash
- In cash Investments amount _____ Symbol and/or certificate number or policy number _____
Investments description _____
- In cash Investments amount _____ Symbol and/or certificate number or policy number _____
Investments description _____
- Partial – as listed below or on attached list

ADMIN



4 Customer authorization

I hereby request the transfer of my policy and its investments as described on the previous page. Where I have requested a transfer in cash, I authorize the liquidation of all or part of my investments and agree to pay any applicable fees, charges or adjustments.

| | |
|--------------------------------------|-------------------|
| Signature of policy owner X | Date (dd-mm-yyyy) |
| Signature of joint policy owner X | Date (dd-mm-yyyy) |

Irrevocable beneficiary: I consent to the transfer of the account

| | |
|---|-------------------|
| Signature of irrevocable beneficiary (if applicable) X | Date (dd-mm-yyyy) |
|---|-------------------|