



# Request for benefit payment by wire

**Return completed form to:**  
 Sun Life Financial, Group Retirement Services  
 PO Box 11001 Stn CV, Montreal QC H3C 3P3  
 Fax: 1-877-791-9205

Please PRINT clearly.

Nota : La version française de ce document est également disponible.

## 1 Plan sponsor and personal information

Name of plan sponsor <b>The Trustees for the UBC Faculty Pension Plan / University of British Columbia</b>			Client ID <b>C0KHL</b>	
First name	Middle initial	Last name		
Social Insurance Number*		Identification number		
Address (street and number)				Apartment or unit
City		Province/State	Country	Postal/Zip code
Email address			Telephone number	

\*Your Social Insurance Number is used for administrative purposes so that information on this form is applied to your account.

## 2 Payment option

Select all options that apply.

- FPP  
  RRIF-type payments  
  LIF-type payments  
  VPLA  
  Supplemental Arrangement

## 3 Banking information

To be completed by your financial institution

Financial institution name			Currency	
Financial institution address (street and number)				
City		Province/State	Country	Postal/Zip code
First name as listed on Account		Middle initial	Last name	
Financial institution number (Canada only)	Transit number (Canada only)		ABA (US only)	
Swift code or BIC			Sort code or BSB (UK/Australia only)	
Account number or IBAN				
Bank telephone number			Bank contact name	

#### 4 Intermediary bank information

If applicable, to be completed by your financial institution

Financial institution name			Bank ID	
Financial institution address (street and number)				
City		Province/State	Country	Postal/Zip code
Financial institution number (Canada only)	Transit number (Canada only)	ABA (US only)		
Account number			Swift code	

#### 5 Acknowledgment and agreement

I direct Sun Life Assurance Company of Canada (Sun Life) to deposit any and all future pension payments via wire.

I acknowledge that

- any payments made after my death, or paid in error while alive, are to be held, in trust, for the benefit of the University of British Columbia Faculty Pension Plan.
- I must notify Sun Life of any change in the above account information.
- in order to carry out these instructions, limited personal information required to make payment, such as my name, address, bank account, to the extent required to complete the payment, will be provided to others, and will be sent outside Canada and accordingly may be subject to review or disclosure to authorities outside of Canada.
- I may revoke or modify these instructions in writing at any time, to be effective upon receipt by Sun Life.
- I can choose not to have payments made by wire but in the event that I do not instruct payment by wire, payments will be mailed to me by cheque, in Canadian funds to the home address on file with Sun Life.
- I may incur additional service charges.

Your signature X	Date (dd-mm-yyyy) — —
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Group Retirement Services are provided by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.