

Third party authorization form



This form is to be used for Sun Life Assurance Company of Canada Group Retirement Services policies.

Return the completed form to:

Sun Life Financial, Group Retirement Services
PO Box 2025 Stn Waterloo, Waterloo ON N2J 0B4

Sun Life Financial, Group Retirement Services
PO Box 11001 Stn CV, Montreal QC H3C 3P3

Please PRINT clearly.

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

1 Plan and account owner information

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

Name of plan sponsor			Client ID C0	Plan
First name	Middle initial	Last name		
Date of birth (dd-mm-yyyy)	Social Insurance Number*	Account number		
Address (street number and name)				Apartment or suite
City	Province	Postal code	Telephone number (day)	
Email address			Telephone number (evening)	

2 Authorization for third party

- (A) This authorization applies to
- all products associated with the Client ID in section 1, or
 - the following product(s)

- (B) I, the account owner, authorize the third party(s) identified in section 3 to
- have access to information about my plan (not to transact on my account) or
 - have access to information about my plan and act on my behalf with regards to:
 - maturing guaranteed investment instructions
 - inter-fund transfers
 - inter-product transfers
 - investment direction of future contributions
 - cash withdrawals (limit of \$10,000 per one business day for cash withdrawals and/or transfers of non-registered funds)
 - personal information changes (excluding beneficiary designation)

Note: The authorized third party cannot be the group plan advisor for any products associated with the Client ID in section 1.

If you are resident in Saskatchewan, you may not authorize a third party who has been convicted within the last 10 years of a criminal offence relating to assault, sexual assault or other acts of violence, intimidation, criminal harassment, uttering threats, theft, fraud or break of trust (unless the third party has been pardoned or the fact of the conviction has been disclosed to you and you have in writing acknowledged the conviction and consented to the individual acting); or the third party's occupation or business involves providing you with personal care or health services for remuneration.

3 Third party information

Non-advisor as third party

First name	Middle initial	Last name	
Date of birth (dd-mm-yyyy) — —	Relationship to account owner	Detailed occupation*	
Address (street number and name)			Apartment or suite
City	Province	Postal code	Telephone number (day) — —
Email address			Telephone number (evening) — —

Under Canada's anti-money laundering and terrorist financing regime Sun Life Financial is required to record additional information for an appointed third party. Therefore, the address and date of birth must be completed in full; otherwise the form will not be accepted by Sun Life Financial.

* Detailed occupation must reflect your principal occupation and area of responsibility.

Personal advisor as third party (not applicable to group plan advisor)

First name	Middle initial	Last name	
Date of birth (dd-mm-yyyy) — —	Advisor number, if applicable		
Financial services company name (if applicable)		Detailed occupation*	
Address (street number and name)			Apartment or suite
City	Province	Postal code	Telephone number (day) — —
Email address			Telephone number (evening) — —

I acknowledge the authorization and agree to act only on the account owner's specific instructions.

Advisor signature X	Date (dd-mm-yyyy) — —
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You may authorize up to three individuals associated with the personal advisor and/or financial services company.

* Detailed occupation must reflect your principal occupation and area of responsibility.

First name of authorized third party	Middle initial	Last name	
Date of birth (dd-mm-yyyy) — —	Detailed occupation*		
Address (street number and name)			Apartment or suite
City		Province	Postal code

I acknowledge the authorization and agree to act only on the account owner's specific instructions.

Third party signature X	Date (dd-mm-yyyy) — —
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3 Third party information (cont'd)

* Detailed occupation must reflect your principal occupation and area of responsibility.

First name of authorized third party	Middle initial	Last name
Date of birth (dd-mm-yyyy) — —	Detailed occupation*	
Address (street number and name)		Apartment or suite
City	Province	Postal code

I acknowledge the authorization and agree to act only on the account owner's specific instructions.

Third party signature X	Date (dd-mm-yyyy) — —
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* Detailed occupation must reflect your principal occupation and area of responsibility.

First name of authorized third party	Middle initial	Last name
Date of birth (dd-mm-yyyy) — —	Detailed occupation*	
Address (street number and name)		Apartment or suite
City	Province	Postal code

I acknowledge the authorization and agree to act only on the account owner's specific instructions.

Third party signature X	Date (dd-mm-yyyy) — —
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If there are restrictions about the information that Sun Life can provide to the individual(s) associated with the Personal Advisor and/or financial services company named above, indicate them here:

4 Terms and conditions

I understand that by signing this form I agree that I have read and understood the purpose and terms of this authorization.

I understand that by signing this form I am authorizing any non-advisor as third party named in section 3 to transact on my behalf, if applicable, including signing any Group Retirement Services (GRS) forms required to process the above transaction(s) and that I have authorized GRS to process the transaction(s) on my account without consulting me in advance.

I also understand that by signing this form I am authorizing a Personal Advisor and any third party individual associated with the Personal Advisor or financial services company named in section 3 to transact on my behalf, if applicable, including signing any GRS forms required to process the above transaction(s) and that I have authorized GRS to process the transaction(s) based on my specific instructions to the authorized individual(s) for each transaction on my account. This authorization does not give the aforementioned attorneys the unlimited authority or the right to conduct discretionary transactions on my behalf.

I understand that I am authorizing GRS to share information about me with the third party individuals appointed by me in this document.

This authorization will only apply to the product(s) identified in section 2 of this form and will not carry over should the assets under the product(s) transfer to another plan and Client ID. I will be required to submit another Third party authorization form for that other plan and Client ID.

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If so indicated, I authorize GRS to act on instructions from the third party, whether orally, by fax transmission, email or any other means as if they were made directly by me.

I confirm that, if I authorize more than one third party, each third party is entitled to act separately on my behalf without the knowledge or concurrence of any other authorized third party, unless indicated otherwise. This authorization does not revoke any power of attorney that I may have previously signed but, if this authorization conflicts with the provisions of any such power of attorney, this authorization will prevail to the extent of the conflict as long as this authorization remains effective.

I acknowledge that upon receipt by GRS of a copy of this form, I become responsible to GRS for any actions taken by the third party including if GRS continues to rely on this form after the authorization of the third party has ended without GRS being informed.

I agree to indemnify Sun Life Financial against any and all actions, liabilities, damages or costs, including legal fees and interest that may occur as a result of or in connection with Sun Life Financial relying on this authorization to carry out any transactions on my behalf.

I understand that I should keep a copy of all instructions I give to the third party and check my account as required to ensure my instructions have been carried out. I will notify Sun Life Financial immediately if a transaction was not carried out as I instructed.

I understand that I will receive written confirmation of this appointment from Sun Life Financial. If upon receipt of this confirmation it is determined that all or some of the information is incorrect, I will notify Sun Life Financial immediately.

This authorization is valid until cancellation in writing by me or information that the authorization is no longer effective is received by GRS.

I understand this authorization does not constitute a continuing, an enduring or a springing power of attorney in case of mental incapacity or infirmity. I confirm that I have informed the third party authorized by this form of how and when the authorization conferred by this form can terminate.

I understand that Sun Life Financial is not responsible for the validity, effectiveness, or suitability of this form. I understand that I may need to consult with a lawyer to ensure this form is appropriate for my individual circumstances.

Signature of account owner 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.