

Scheduled automatic withdrawals from a guaranteed wealth product



Contract/policy number

I apply to Sun Life Assurance Company of Canada or Sun Life Financial Trust Inc. to have payments made as requested below until cancelled by me.

All withdrawals will be made according to the terms of your contract.

Contractholder/policyholder Information

First name	Middle name	Last name	
Joint owner's first name (if applicable)	Middle name	Last name	
Occupation	Occupation of joint owner		
Address (street number and name)			Apartment or suite
City	Province	Postal code	Phone number — —

If the requestor is different than the owner and this is a request for an EFT withdrawal of \$1000.00 or more from a GIC, please complete the following:

Requestor's first name	Middle name	Last name	
Address (street number and name)			Apartment or suite
City	Province	Postal code	Relationship to owner*
Phone number — —	Date of birth (dd-mm-yyyy) — —	Occupation	

* SLF reserves the right to decline the request if the requestor cannot demonstrate he/she has the appropriate authority to act on behalf of the contract holder/policy holder.

Withdrawal type/Payment information (subject to contract limitations)

Withdrawal type (Select 1 of the following options) <input type="checkbox"/> Interest only <input type="checkbox"/> Minimum RRIF/LIF/RLIF payment <input type="checkbox"/> Maximum LIF/RLIF payment <input type="checkbox"/> Specific amount \$ _____ * (gross) * Applicable taxes will be withheld <input type="checkbox"/> Transfer amount \$ _____ * (gross) * Applicable taxes will be withheld	Payment information <input type="checkbox"/> Monthly payment <input type="checkbox"/> Annual payment Payment start date (dd-mm-yyyy) Please allow for 10 days processing time prior to payment start date — —
Special instructions	
Payment method <input type="checkbox"/> Electronic funds transfer (EFT) – Select 1 of the following options <input type="checkbox"/> A personalized cheque marked VOID or a direct deposit slip obtained from your bank is attached to confirm banking. <input type="checkbox"/> Use active banking information from a guaranteed contract/policy where PAC or income/payments are scheduled or have been made in the last 12 months or active PAC on a life insurance policy number _____. <input type="checkbox"/> Cheque (available only if Annual payment is selected) <input type="checkbox"/> Transfer to contract/policy number _____	

Authorization and signature

Note: Please ensure all required signatures are attained. (e.g.: Corporations, irrevocable beneficiary, joint owners).

Signature of contract holder/policy owner/signing officers X	Date (dd-mm-yyyy) - -
Signature of contract holder/policy owner/signing officers X	Date (dd-mm-yyyy) - -
Signature of irrevocable beneficiary (if applicable) I consent to the withdrawal/transfer as requested by the policy owner in the amount of \$ _____ X	Date (dd-mm-yyyy) - -

Please send requirements to:
Sun Life Financial
Attention : Document Centre 300B25
227 King Street South
PO Box 1601
Waterloo ON N2J 4C5
Fax: 1-866-487-4745