

Authorization to move money from non-registered contracts to Tax-Free Savings Account guaranteed savings contracts

A Customer identification

Policyowner/Contractholder name (first, middle, last)	Home Telephone Number () ()	Business Telephone Number () ()
Address (street, town, province, postal code)		Social Insurance Number

B 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)
 Fax Number: 1 866 487-4745

Customer Policy/Contract Number

Investment instructions:

Investment Description	Amount	Investment Description	Amount

C Customer direction to relinquishing institution

Relinquishing Institution Name	Customer Policy/Contract Number
Address (street, town, province, postal code)	

Transfer: (check one box only) All in cash Partial - as listed below or on attached list

<input type="checkbox"/> In cash	Investments Amount: _____ Investment Description: _____	Symbol and/or Certificate Number or Policy/Contract Number
<input type="checkbox"/> In cash	Investments Amount: _____ Investment Description: _____	Symbol and/or Certificate Number or Policy/Contract Number

D Customer authorization

I hereby request the transfer of my policy and its investments as described above. 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 Policyowner/Contractholder X	Date (d/m/y)
Irrevocable Beneficiary: I consent to the transfer of the account Signature of Irrevocable Beneficiary (if applicable) X	Date (d/m/y)