

# Withdrawal or transfer from a guaranteed wealth product



Contract/policy number
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## 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/payment information

<p>Withdrawal amount</p> <p><input type="checkbox"/> \$ _____ * (gross)</p> <p>* Applicable taxes will be withheld</p>
<p>Payment method</p> <p><input type="checkbox"/> Cheque</p> <p><input type="checkbox"/> Electronic funds transfer (EFT) – Select one of the two options below</p> <p><input type="checkbox"/> A personalized cheque marked void or a direct deposit form from my bank is attached to confirm banking.</p> <p><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 # _____.</p> <p><input type="checkbox"/> Transfer to contract/policy number _____</p> <p><b>Note:</b> Where funds are being transferred to a Tax-Free Savings Account (TFSA), the owner of the TFSA or the TFSA owner's spouse must be the sole or joint owner of the source contract/policy.</p> <p><b>Advisor note:</b> Please use Investment Direction to initiate transfer and to direct the money to the proper fund.</p>
<p>Special instructions</p>  

**Authorization and signature**

I authorize Sun Life Assurance Company of Canada or Sun Life Financial Trust Inc. to withdraw payment as indicated.

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

Signed at (city)	Signed at (province)	Signed at (country)
Signature of contract holder/policy owner/signing officer(s) X		Date (dd-mm-yyyy) - -
Signature of joint contract holder/policy owner (if applicable) 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