

SunFlex Retirement Income Request for an Income Advance



I acknowledge that I have reviewed the required Income Advance illustration.

If this is not completed, the Income Advance will not be processed.

A Policyholder information

Policyholder first name	Last name	Policy # RP -
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B Request details

- I request an income advance of the **full** amount available.
- I request an income advance of the **partial** amount of \$

C Consent and signature of irrevocable beneficiary (if applicable)

If there is an irrevocable beneficiary on the SunFlex Retirement Income policy, and there is a remaining guaranteed period, we require the signature of that beneficiary.

I consent to the income advance specified above.

First name	Last name
Signature X	Date (dd-mm-yyyy) - -

D Acknowledgement and signature

I understand the Income Advance received is fully taxable income under the *Income Tax Act* (Canada) and will be subject to applicable provincial, federal and non-resident withholding tax.

I understand that if I take a *portion* of the income advance available, the following amounts will decrease:

- The performance income amount
- The lifetime minimum income amount
- Any bonus income
- Any death benefit we pay
- The remaining guaranteed period will be shortened.

I understand that if I take *all* of the income advance available, the following amounts will decrease:

- The performance income amount
- The lifetime minimum income amount
- Any bonus income
- I will have no guaranteed payments remaining which means there is no longer any death benefit.

We will process your request using the values of the performance-linked investments that are available at the end of the business day when all requirements are received.

Signature of policyholder X	Date (dd-mm-yyyy) - -		
Location signed (city)	Location signed (province)		
Advisor first name	Advisor last name	Advisor no./rep code	Advisor signature X