



#### 4 Customer authorization

I hereby request the transfer of my policy and its investments as described on the previous page. 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 policy owner X	Date (d/m/y)
Signature of joint policy owner 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)
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Sun Life Assurance Company of Canada is a member of the Sun Life Financial group of companies.