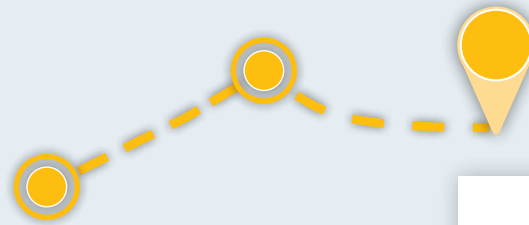




SUN GIF SOLUTIONS &
SUN LIFETIME ADVANTAGE GIF

SALES PROCESS GUIDE



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Before the sale

KEY MARKETING MATERIALS

In this section, you'll find an overview of key marketing materials to use for prospecting and meeting with clients. Additional marketing and support materials are available at sunlifegifs.ca/advisor under the Resources tab.

Prospecting

Below are materials to help you start conversations with clients about Sun Life Guaranteed Investment Funds (GIFs), specifically Sun GIF Solutions and Sun Lifetime Advantage GIF.

Important: You must comply with all rules when contacting clients, including the [National Do Not Call List](#) and [Canada's Anti-Spam Legislation](#).

	Sun GIF Solutions	Sun Lifetime Advantage GIF
	Target market: Investors and clients who want flexible investments protected with insurance guarantees that meet their changing financial needs through different life stages, conveniently all within one contract	Target market: investors and clients who want to grow their retirement savings and income while navigating inflation.
Email (with link to video)¹	<ul style="list-style-type: none"> Investment Series: Start a journey of growth with guarantees Income Series: Let's talk about your journey toward a worry-free retirement Estate Series: Let's talk about your legacy 	<ul style="list-style-type: none"> Take the right steps on your journey to retirement
Letters	<ul style="list-style-type: none"> Investment Series: Start a journey of growth with guarantees Income Series: Let's talk about your journey toward a worry-free retirement Estate Series: Let's talk about your legacy 	<ul style="list-style-type: none"> Take the right steps on your journey to retirement
Brochure	<ul style="list-style-type: none"> Start your journey of growth with guarantees – Sun GIF Solutions (810-4295) 	<ul style="list-style-type: none"> Start your retirement journey – Sun Lifetime Advantage GIF (810-4296)
Video	<ul style="list-style-type: none"> Sun GIF Solutions client video 	<ul style="list-style-type: none"> Sun Lifetime Advantage GIF client video

¹ Send this email to current and prospective clients only if they have consented to receive marketing emails from you.

During the meeting

Here are some marketing materials to support your meetings with clients that can be **left with them** at the end of your meetings:

	Sun GIF Solutions	Sun Lifetime Advantage GIF
Sell sheets and feature sheets	<ul style="list-style-type: none">• Start a journey of growth with guarantees – Sun GIF Solutions (810-4302)• Retirement income for life’s journey – Sun GIF Solutions Income Series (810-4306)• Grow and protect your legacy – Sun GIF Solutions Estate Series (810-4305)	<ul style="list-style-type: none">• Start your retirement journey – Sun Lifetime Advantage GIF (810-4303)• Maximize growth for your retirement journey – Annual resets with Sun Lifetime Advantage GIF (810-4307)
Sales concepts	<ul style="list-style-type: none">• The emotional and financial cost of settling an estate (810-4310)	<ul style="list-style-type: none">• Guaranteed income now; higher lifetime guaranteed income in the future (810-4308)

For more information on these marketing materials, visit sunlifegifs.ca/advisor or contact your Sun Life Sales Director.

During the sale

In this section, you'll find tips for completing the application and additional forms.

- While the same application is used for both Sun GIF Solutions and Sun Lifetime Advantage GIF, only one product can be purchased per application.
- This form is required for the initial purchase of Sun GIF Solutions, any series. If you are adding Income or Estate Series units to an existing Sun GIF Solutions contract, the Request to Add Estate and/or Income Series Units must be completed.
- Beneficiaries are named at the contract level and apply to all units held in the contract.

For additional support regarding the application and forms, please visit sunlifegifs.ca/advisor, call 1-844-SLF-GIFS (1-844-753-4437), or email gifs@sunlife.com.

APPLICATIONS

What you understand and agree to when you sign this application

In this application, "you", "your", and "owner" mean the owner of the contract. For non-registered contracts there can be more than one owner. "Sun Life Financial", "we", "us" and "our" mean Sun Life Assurance Company of Canada.

Sign the **Owner acknowledgement/authorization** section of this application to confirm you understand the following:

Annuitant designation

- for registered contracts, the annuitant must be the owner.

Beneficiary designation

The following information applies to beneficiary designations made using this application form.

You can appoint a beneficiary(ies) if you are the owner(s), however, for locked-in pension funds, applicable law will govern who may receive any death benefit.

If a beneficiary dies before the death of the last surviving annuitant, that beneficiary's share of the death benefit will be payable to the contingent beneficiary or beneficiaries named for that share, who survive the last surviving annuitant. If there is no contingent beneficiary who has survived that last surviving annuitant, the beneficiary's share of the death benefit is payable to the owner, or if the owner is deceased, to the estate of the owner.

For contracts governed by Quebec legislation, these provisions apply whether or not the shares of beneficiaries of any class are equal or unequal. In all provinces other than Quebec.

- You can change the person(s) you name as your beneficiary(ies) without their consent unless you indicate that the designation is irrevocable.
- If you designate minor children as beneficiaries, you should also name a trustee to receive funds on their behalf.

In Quebec,

- If you name your legal spouse (married or civil union) as the beneficiary, this designation will be irrevocable unless you check the "Revocable" box in the **Beneficiary designation** section of this application form.
- If you name someone other than your legal spouse (married or civil union) as the beneficiary, you can change the person(s) you name as your beneficiary(ies) without their consent unless you indicate that the designation is irrevocable.
- Any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian of the minor child.

Lifetime guaranteed income

- the lifetime guaranteed income is the maximum amount of income guaranteed to be available from Income Series and Sun Lifetime Advantage GIF each calendar year for withdrawals for the life of the annuitant or the joint life, if selected, provided minimum age requirements are met, the election of lifetime guaranteed income has occurred and the annual withdrawal limits are not exceeded.
- only the spouse or common-law partner of the annuitant, as defined in the Income Tax Act (Canada), may be named as joint life. If you would like the income to continue after the death of the annuitant, for all contracts other than an RSP, you should also name the annuitant's spouse as successor annuitant.
- once the election of income has been made it cannot be changed or revoked.

Investment direction

	Sun GIF Solutions			
	Investment Series	Estate Series	Income Series	Private Client program
Minimum initial deposit	\$500*	\$500*	\$25,000	\$100,000
Minimum PAC	\$50/month to a fund or \$500/year*	\$50/month to a fund or \$500/year*	\$100/month**	\$500/month to a fund**

* requires a minimum initial deposit or a minimum PAC.

**the minimum initial deposit must also be met.

	Sun Lifetime Advantage GIF	Sun Lifetime Advantage GIF Private Client program
Minimum initial deposit	\$25,000	\$100,000
Minimum PAC	\$100/month to a fund**	\$500/month to a fund**

**the minimum initial deposit must also be met.

Pre-authorized chequing plans (PAC) terms and conditions

All PAC payor(s) agree:

- Sun Life Financial may make deductions, at any time, for regular recurring premiums and/or one-time premiums from the bank account indicated in this application,
- all pre-authorized debits will be processed as personal under the Canadian Payments Association rules (this means having 90 calendar days from the date any payment is processed to claim reimbursement for any unauthorized payment),
- the withdrawal amount is considered variable under the Canadian Payments Association rules,
- any notices to be sent to them under this agreement may be sent to the contract owner's most recent address that Sun Life Financial has on record at the time the notice is sent,
- the company may charge a fee and may cancel the PAC for any withdrawal that is not honoured,
- that all persons whose signatures are required to authorize transactions in the bank account provided have read and agreed to these terms and signed this application,
- the company may not assign this authorization to another company or person in order to permit them to debit the PAC payor's account for these payments without providing at least 10 days prior written notice,
- to waive the requirement that the company will notify them of, (i) this authorization before the first payment is processed, or, (ii) any subsequent payments, or, (iii) any changes to the amount or date of the payment initiated by them or Sun Life Financial, the payor may cancel this authorization at any time, subject to providing Sun Life Financial notice of at least 48 hours prior to the next PAC run date. To obtain a sample cancellation form, or for more information on your right to cancel a PAC agreement, you may contact your financial institution, Sun Life Financial or visit www.cdnpay.ca, and
- payors have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAC agreement. To obtain more information on your recourse rights, you may contact your financial institution, Sun Life Financial or visit www.cdnpay.ca.

Scheduled withdrawal plan (SWP)

- you may request withdrawals from the Investment Series and Estate Series on a scheduled or unscheduled basis, depending on the taxation type of the contract. Certain withdrawals you make will reduce the maturity and death benefit guarantees.
- if you request scheduled withdrawals from Income Series or Sun Lifetime Advantage GIF units, and have not previously elected income, we will deem your request an automatic election of lifetime guaranteed income.
- RIFs, LIFs, RLIFs, RLIFs, and PRIFs require minimum annual withdrawals. We calculate the minimum annual payment amount based on the total amount in your contract on January 1st of each year. If the total amount withdrawn is less than the required minimum annual payment, we will pay you the balance before the end of the year.

Identity verification, third party determination and politically exposed foreign person declaration

To comply with the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and for risk management purposes, the identity of non-registered clients must be verified and the existence and involvement of any third parties determined. As a result, the **Identity verification, third party determination and politically exposed foreign person information** section must be completed.

For corporate, partnership, estate and trust contracts the Identity verification, third party determination and politically exposed foreign person (PEFP) form (4105) will be required.

Types of third parties include, for example: payor, executor, attorney (power of attorney) or mandatary, collateral assignee / hypothecary creditor.


What is a politically exposed foreign person?

A politically exposed foreign person (PEFP) is a person who has ever held any of the following positions or offices in or on behalf of a country other than Canada: member of the executive council of government, president of a state owned company or a state owned bank, deputy minister or equivalent rank, ambassador or attaché or counselor of an ambassador, leader or a president of a political party represented in a legislature, head of state or head of government, head of a government agency, judge, military officer with a rank of general or above, member of legislature. Note: close relative means spouse, civil union spouse or common-law partner, children/step children, siblings/half siblings/step siblings of the applicant, biological/adoptive/step parent of the applicant, biological/adoptive/step parent of spouse, civil union spouse or common-law partner.

Sun Life Financial Privacy Statement for Canada

At Sun Life Financial, protecting your privacy is a priority. We maintain a confidential file in our offices containing personal information about you and your contract(s) with us. Our files are kept for the purpose of providing you with investment and insurance products or services that will help you meet your lifetime financial objectives. Access to your personal information is restricted to those employees, representatives, distribution partners (such as advisors and their companies) and third party service providers who are responsible for the administration, processing and servicing of your contract(s) with us, our reinsurers or any other person whom you authorize. In some instances these persons may be located outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions. You are entitled to consult the information contained in our file and, if applicable, to have it corrected by sending a written request to us. To find out about our Privacy Policy, visit our website at www.sunlife.ca, or to obtain information about our privacy practices, send a written request by e-mail to privacyofficer@sunlife.com, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.

Non-registered/registered/locked-in application



Sun Life Guaranteed Investment Funds Individual Variable Annuity Contract Non-Registered/Registered/Locked-in Application

Contract information

Select one contract

Sun GIF Solutions Sun Lifetime Advantage GIF

Contract number (if available)

Dealer contract number

Sun Life Financial advisors only:
Has the application been completed electronically with the client(s) present?
 Yes No If no, attach the additional contract opening documents.

Contract type

Select one registration type

<input type="checkbox"/> Non-registered individual owner	<input type="checkbox"/> Locked-in retirement account (LIRA) *	<input type="checkbox"/> Retirement savings plan (RSP)
<input type="checkbox"/> Non-registered joint owner	<input type="checkbox"/> Life income fund (LIF) *	<input type="checkbox"/> Spousal RSP
<input type="checkbox"/> Non-registered in trust for	<input type="checkbox"/> Locked-in RSP (LRSP) *	<input type="checkbox"/> Retirement income fund (RIF)
<input type="checkbox"/> Non-registered estate/trust	<input type="checkbox"/> Locked-in retirement income fund (LRIF) *	<input type="checkbox"/> Spousal RIF
<input type="checkbox"/> Non-registered sole proprietorship	<input type="checkbox"/> Restricted locked-in savings plan (RLSP) *	
<input type="checkbox"/> Non-registered partnership	<input type="checkbox"/> Restricted life income fund (RLIF) *	
<input type="checkbox"/> Non-registered corporate	<input type="checkbox"/> Prescribed retirement income fund (PRIF) *	

For locked-in contracts, pension jurisdiction is

*Complete the **Spousal information** section.

Spousal information


- For locked-in contracts only.

Do you have a spouse or pension partner within the meaning of the applicable pension legislation? Yes No

Note: If the registration type being applied for is a LIF, LRIF, PRIF or RLIF and the owner has a spouse as defined by the applicable pension legislation complete the appropriate consent or waiver form with this application.

Dealer/distributor and advisor information

Dealer/distributor's number	Advisor's name	
Advisor's number	Telephone number	Supervisor's signature X



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4601-E-05-15

1st copy – SUN LIFE 2nd copy – Advisor 3rd copy – Client

For SLF use:
DLRAPPE

Contract information

Complete one application per product.

Contract type

- One registration type must be selected.
- For locked-in contracts only, the pension jurisdiction must be included.

Spousal information

For certain registration types, the appropriate spousal consent or waiver form must be completed. Visit sunlifegifs.ca for the forms.

Dealer/distributor and advisor information

This section is mandatory for processing.

Owner information

- This owner is the annuitant unless you have named another in the **Annuitant information** section.
- For registered contracts, the annuitant must be the owner.
- For entity applicants (corporations, partnerships, trusts, etc.) the Declaration of FATCA classification for an entity form is **mandatory**.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Owner's last name		First name	Middle name
Owner's address (street number and name)			
City		Province	Postal code
Country of residency			
Date of birth (dd-mm-yyyy)	Social insurance number (SIN)	Owner's email address* (optional)	

Mandatory for all non-registered contracts - The following question should be answered only by an individual applicant/owner.

Are you a U.S. resident for tax purposes (which includes a U.S. citizen)? Yes No

If yes, provide a U.S. Taxpayer Identification Number (TIN)

*We use your email address to send you information about additional products and services we believe meet your changing needs. You can withdraw your consent at any time.

Joint, in trust for or spousal registered plan information

- Joint owner and in trust for contracts are not permitted for registered contracts.
- Ensure you complete this section if opening a spousal RSP.

Joint owner Trustee Spousal contributor Other (specify): _____

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Last name		First name	Middle name
Date of birth (dd-mm-yyyy)	Social insurance number (SIN)	Country of residency	

Joint ownership information (joint non-registered contracts only)

Joint ownership type:

- Joint owners with right of survivorship (not applicable in Quebec)
 Joint owners

Signing authority:

- Only one signature required

Subrogated policyholders - Quebec residents only:

- Check here if you (the owner) and joint owner would like to name each other as subrogated policyholders.

Mandatory for all non-registered contracts - The following question should be answered only by an individual applicant/owner.

Are you a U.S. resident for tax purposes (which includes a U.S. citizen)? Yes No

If yes, provide a U.S. Taxpayer Identification Number (TIN)

Annuitant information

- Complete if different from owner in the **Owner information** section.
- For registered contracts, the annuitant must be the owner.
- If this section is not completed, the annuitant will be the same as the owner named in the **Owner information** section.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
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Joint, in trust for or spousal registered plan information

For a jointly owned contract, if the owners name each other as subrogated contract owner, the contract is owned entirely by the surviving owner if one owner passes away.

Annuitant information (continued)

Annuitant's last name	First name	Middle name
Annuitant's address (street number and name - if different from owner)		
City	Province	Postal code
Date of birth (dd-mm-yyyy)		Country of residency
Relationship to owner		

Successor annuitant information

- Complete if different from owner(s).
 - For non-registered and RIF contracts only.
 - For RIF contracts the successor annuitant must be the annuitant's spouse.
- Check here if the successor annuitant is the same as joint owner named in the **Joint, in trust for or spousal registered plan information** section.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Successor annuitant's last name	First name	Middle name
Successor annuitant's address (street number and name - if different from owner)		
City	Province	Postal code
Date of birth (dd-mm-yyyy)		Country of residency
Relationship to owner		

Successor owner

- For non-registered contracts only.
- Complete when the annuitant is not the owner, or when the annuitant is the owner and there is a successor annuitant.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Successor owner's last name	First name	Middle name
Address (street number and name)		
City	Province	Postal code
Date of birth (dd-mm-yyyy)		Country of residency
Relationship to owner		

Lifetime guaranteed income option

- Must be selected if purchasing Income Series or Sun Lifetime Advantage GIF and may not be changed.
 - It is recommended if selecting joint life that you name the annuitant's spouse as successor annuitant for all contracts other than an RSP.
- Single life income option** (must be the annuitant).
- Joint life income option** (the joint life must be the annuitant's spouse* with details provided below).
*Spouse or common-law partner as defined by the Income Tax Act (Canada).

Last name	First name	Middle name
Date of birth (dd-mm-yyyy)		Country of residency

Lifetime guaranteed income option

For Sun GIF Solutions Income Series and/or Sun Lifetime Advantage GIF, the income option is mandatory.

Once the income option is selected, it can't be changed.

Beneficiary designation

Primary beneficiary	Relationship*	Share	Contingent beneficiary(ies) for the adjacent share	Relationship*
		%		
		%		
		%		
		%		
		%		
		%		
		Total		

*Relationship of the beneficiary to the annuitant except in Quebec where it is the relationship to the owner.

Name of trustee(s) appointed for minor beneficiary(ies) (In Quebec any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian of the minor child.)

I have attached a separate beneficiary form.

In Quebec: the designation of a spouse (married or civil union) as beneficiary is irrevocable unless the owner checks revocable here:

Revocable

Legacy settlement option

I choose to have one or more of the beneficiaries receive their share of the death benefit as a payout annuity. Complete the Legacy settlement option form (4633) along with this application.

Investment direction

• Private Client contracts – Complete the Private Client service fee agreement.

Cheque in the amount of \$

Transfer \$ from another financial institution (attach transfer form)

Transfer \$ from an existing Sun Life account/contract (attach transfer form, if applicable)

Percent or dollar amount \$ %

Fund code	Initial sales charge (if applicable)	Gross amount \$ or %	PAC amount \$ or % (not applicable for dollar cost average (DCA) fund)	SWP amount \$ or % (non-registered only)	RIF, LIF, PRIF, RLIF, LRIF payment \$ or %
	%				
	%				
	%				
	%				
	%				
	%				
	%				
	%				
	%				
	%				
	%				
	%				
	%				
	%				
Total:		Total:	Total:	Total:	Total:

Legacy settlement option

Contract owners can select this option instead of a lump sum payment. A different payment option can be selected for each beneficiary. In addition, the proceeds for one beneficiary can be distributed using a combination of these payment options.

Investment direction

- The fund code determines the guarantee series (Sun GIF Solutions) and sales charge option of the units purchased.
- For Sun GIF Solutions, ensure the funds are available for the series selected.
- Ensure that the applicable minimum initial deposit amount is met.

RIF/LIF/LRIF/PRIF/RLIF and SWP payment details

RIF/LIF/LRIF/PRIF/RLIF contracts only

Payment option (select only one)

- Minimum annual payment
- LIF/LRIF/RLIF maximum annual payment
- Lifetime guaranteed income
- Dollar amount \$
- Gross Net

Withholding tax (select only one)

- Required tax withheld Specific rate %
(the specified rate must be greater than the required rate)

I want to have the RIF minimum annual payment calculated using:

- my age the age of my spouse

If no selection is made, we will use the owner's age.

SWP details (non-registered contracts only)

- SWP amount \$ or Lifetime guaranteed income

Payment details

Payment frequency (select only one)

- Monthly Quarterly Semi-annually Annually

Payment start date

- 1st to 28th
- End of month

Payment method

- Deposit directly to bank account (please complete the **Banking information** section)

Pre-authorized chequing plan (PAC)

- Specify the fund breakdown in the PAC amount column in the **Investment direction** section and complete the **Banking information** section.
- PAC not available on the dollar cost average (DCA) fund.

PAC amount (ensure you meet the minimum required amount)

\$

PAC start date

- 1st to 28th
- End of month

PAC frequency (select only one)

- Weekly Bi-weekly Monthly Bi-monthly Quarterly Semi-annually Annually

- Identity verification, third party determination and politically exposed foreign person (PEFP) form (4105) is required for non-registered contracts if payor(s) is (are) other than the owner(s) indicated in the **Owner information, Joint, in trust for or spousal registered plan information** and **Banking information** section.

Sun Life Financial advisors only: An Identity verification, third party determination and politically exposed foreign person (PEFP) form (4105) is not required if the electronic application is being completed with the client(s) present.

For a joint bank account, all account holders must sign if more than one signature is required.

Signature Date (dd-mm-yyyy)

Signature Date (dd-mm-yyyy)

By signing you confirm the banking information provided in the **Banking information** section and that you have read and agree to the PAC terms and conditions set out in this application.

RIF/LIF/LRIF/PRIF/RLIF and SWP payment details

- For registered contracts only, complete the first box for retirement income fund (RIF), life income fund (LIF), locked-in retirement income fund (LRIF), prescribed retirement income fund (PRIF) and restricted life income fund (RLIF) contracts only and the third box (Payment details).
- For the scheduled withdrawal plan (SWP) (non-registered contracts only) complete the second box (SWP details) and the third box (Payment details).
- The withholding tax rate specified in this section applies to scheduled and ad hoc withdrawals.

Pre-authorized chequing plan (PAC)

For non-registered contracts, if the PAC payor is different than the owner(s) in the “Owner information,” the “Joint, in trust for or spousal registered plan information” and the “Banking Information” sections, please complete the “Identity verification, third party determination and politically exposed foreign person information” section.

- The minimum PAC amount for Investment and Estate Series units is \$50 per fund.
- The minimum PAC amount for Income Series units is \$100 per fund after meeting the initial minimum deposit of \$25,000.
- The minimum PAC amount for purchases of Sun Lifetime Advantage GIF is \$100 per fund after meeting the initial minimum deposit of \$25,000.

Banking information

- Attach a void cheque.

Bank account owner(s) last name		First name
Bank name		
Institution code	Transit number	Account number

Clients of Sun Life Financial advisors only:

- I (We) authorize Sun Life Financial to deposit the payments directly to the bank account as indicated on the electronic application.

Identity verification, third party determination and politically exposed foreign person information

- This section is mandatory for all non-registered contracts.
- Corporate, sole proprietorship, partnership, in trust for, estate and trust contracts require the Identity verification, third party determination and politically exposed foreign person (PEFP) form (4105).
- **Sun Life Financial advisors only:** This section is mandatory for all non-registered contracts unless the electronic application is being completed with the client(s) present.

Owner's information

Last name	First name	Middle name	Date of birth (dd-mm-yyyy)
Verification document	Document number	Country and province of issue	Detailed occupation
Residential address (street number and name)			Apt./Unit/Suite
City		Province	Postal code

Joint owner's information

Last name	First name	Middle name	Date of birth (dd-mm-yyyy)
Verification document	Document number	Country and province of issue	Detailed occupation
Residential address (street number and name)			Apt./Unit/Suite
City		Province	Postal code

Is a third party involved with this contract, or will a third party pay for this contract, or have the use of, or access to, the contract value?

- No** If "no" complete the rest of this section.
 Yes If "yes" attach a completed identity verification, third party determination and politically exposed foreign person (PEFP) form (4105).

To the best of the applicant's/owner's knowledge, has the applicant/owner or any close relatives (living or deceased) been considered a politically exposed foreign person (PEFP)?

- No** If "no" complete the rest of this section.
 Yes If "yes" attach a completed identity verification, third party determination and politically exposed foreign person (PEFP) form (4105).

Provide the source of payment for this application/contract. (select all that apply)

- salary or earned income applicant/owner's savings business income existing investment account
 borrowed funds pension income gifted funds sale of property
 proceeds from death benefits or estate inherited funds social benefits other (give details below)

--

Identity verification, third party determination and politically exposed foreign person information

When establishing corporate, partnership, not-for-profit or non-corporate entity contracts, please attach the following:

- A completed *Identity verification, third party determination and politically exposed foreign person (PEFP) form (4105)*.
- Paper copies of all applicable corporate/entity documents.

Identity verification, third party determination and politically exposed foreign person information (continued)

What is the purpose and intended use of the product applied for (including an annuity product which may include periodic payments at some point under the contract)? (select all that apply)

- savings cash reserves emergency fund vacation fund
 retirement savings educational purposes income legacy/inheritance
 other (give details below)

Owner acknowledgement/authorization

All owners, annuitant(s) and joint life (if applicable) must read and sign this section.

All clients:

I(We):

- declare that all statements and answers made by me(us) on this application are complete and true,
- acknowledge having received, read and agreed to the provisions in the Sun Life Financial Privacy Statement for Canada in this application and authorize Sun Life Assurance Company of Canada to obtain, use, and transmit to its agents, distribution partners and service providers, personal information about me/us for the purpose of the administration, processing and servicing of this contract,
- request that all documents delivered to me (us) in connection with this contract to be written in English. Je(Nous) demande(ons) que tous les documents qui me(nous) sont remis avec ce contrat soient rédigés en langue anglaise,
- acknowledge receipt of the individual variable annuity information folder and contract including any supplements and the fund facts before signing the application,
- agree to provide any further information which may be required in connection with the registration and administration of this contract,
- declare by completing the **PAC** section, that all persons whose signatures are required to authorize transactions in the bank account provided have read and agreed to the PAC terms and conditions set out in this application,
- understanding the company is not responsible for the validity of any beneficiary designation, and
- **(for registered contracts only)** request that Sun Life Assurance Company of Canada apply for registration of the Plan as a registered retirement savings plan or the Funds as a registered retirement income fund under the Income Tax Act (Canada) and if applicable, under any provincial income tax law.

Clients of Sun Life Financial advisors ONLY

I(We):

- acknowledge that the application consists of this application and any information submitted through the electronic application,
- acknowledge receipt of the relationship brochure entitled 'A Clear Connection: Your Relationship with Sun Life Financial', and
- authorize Sun Life Financial Distributors (Canada) Inc., Sun Life Assurance Company of Canada and any of their agents to act upon any purchase, redemption, fund switch, resets and modification of pre-authorized chequing plans (PAC) and scheduled withdrawal plans (SWP) that they receive orally or by electronic means, if they reasonably believe that the request was made by me (us).

Owner's signature X	Date (dd-mm-yyyy)
Joint owner's signature X	Date (dd-mm-yyyy)
Annuitant's signature (if not the owner) X	Date (dd-mm-yyyy)
Joint life and successor annuitant's signature *(must be spouse of annuitant) X	Date (dd-mm-yyyy)
Successor annuitant's signature X	Date (dd-mm-yyyy)
Successor owner's signature X	Date (dd-mm-yyyy)
Parent/guardian's signature ** X	Date (dd-mm-yyyy)
Signed at (city)	Signed at (province)

Owner acknowledgement/authorization

- Ensure all appropriate individuals read and understand this section before signing the application.
- The location where signed (city and province information) is mandatory.

Parent/guardian signature is only required where the annuitant is different from the owner and is under the age of 16 (18 in Quebec) or for in trust for contracts where the beneficial owner is under the age of 16 (18 in Quebec).

Owner acknowledgement/authorization (continued)

*Required when making first premium payment to Income Series or Sun Lifetime Advantage GIF.

**Parent/guardian signature is only required where the annuitant is different from the owner and is under the age of 16 (18 in Quebec) or for in trust for contracts where the beneficial owner is under the age of 16 (18 in Quebec).

Entity signing officer certification

- Required for corporate, sole proprietorship, partnership, in trust for, estate and trust contracts.
- **Mandatory for Sun Life Financial advisors only if the application was completed electronically with the client present.**

I, confirm that I am authorized by the owner to act on their behalf in responding to questions on this form. I further confirm that, to the best of my knowledge, information provided is true and accurate with the understanding that Sun Life Financial will rely on such information to conduct customer due diligence and to satisfy applicable regulatory requirements.

Entity signing officer's signature X	Job title	Date (dd-mm-yyyy)
Entity signing officer's signature X	Job title	Date (dd-mm-yyyy)
Entity signing officer's signature X	Job title	Date (dd-mm-yyyy)

Advisor acknowledgement

- All advisors must read and sign this section.

With the understanding that Sun Life Financial will rely on the information to conduct customer due diligence and to satisfy applicable regulatory requirements, I the advisor confirm that I have reviewed the details provided in this form with the applicant/owner(s) and to the best of my knowledge, unless otherwise noted, these details are full, complete and true. For the purchase of a non-registered product, I confirm that all of the identification details provided in this form match the original identification documents shown to me. I confirm that I have disclosed to the owner(s) (a) the companies I represent, (b) that I will receive compensation in the form of commissions or salary for the sale of this product, (c) that I may also receive additional compensation in the form of bonuses or non-monetary benefits such as travel incentives or attendance at conferences, and (d) any conflict of interest I may have with respect to the sale of this product.

Advisor's signature X	Province	Date (dd-mm-yyyy)
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Complete the following if the advisor verifying the identity is different from the servicing advisor (applicable for non-registered plans only)


Advisor's last name	First name	Date (dd-mm-yyyy)	Dealer/distributor's number
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ANY AMOUNT THAT IS ALLOCATED TO A SEGREGATED FUND IS INVESTED AT THE RISK OF THE CONTRACT OWNER AND MAY INCREASE OR DECREASE IN VALUE.

Contact information

Toll Free English: 1-844-753-4437 (1-844-SLF-GIFS)
 Toll Free French: 1-844-374-1375 (1-844-FPG-IFSL)
 Sun Life Assurance Company of Canada
 30 Adelaide Street East, Suite 1
 Toronto, ON M5C 3G9
 Canada

Nominee application



Sun Life Guaranteed Investment Funds Individual Variable Annuity Contract Nominee Application

Contract type

Select one contract type and one registration type

Sun GIF Solutions Sun Lifetime Advantage GIF

Nominee retirement savings plan (RSP) Nominee non-registered
 Nominee retirement income fund (RIF) Nominee tax-free savings account (TFSA)

Note: For nominee registered contracts, the trust has owner rights under the contract. The trustee (or agent for the trustee) holds the contract in trust for the beneficial owner. For non-registered contracts, the beneficial owner has owner rights under the contract.

Nominee information

Nominee/intermediary's last name	First name
Trustee's last name (for registered plans only)	First name
Wire order number	Client distributor contract (account) number

Distributor and advisor information

Distributor's number	Advisor's name	
Advisor's number	Telephone number	Supervisor's signature X

Beneficial owner information

- This beneficial owner is the annuitant unless you have named another in the **Annuitant information** section.
- For entity applicants (corporations, partnerships, trusts, etc.) the Declaration of FATCA classification for an entity form is **mandatory**.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Beneficial owner's last name	First name	Middle name
Beneficial owner's address (street number and name)		
City	Province	Postal code Country of residency
Date of birth (dd-mm-yyyy)	Social insurance number (SIN)	Beneficial owner's email address* (optional)


Mandatory for all non-registered contracts - The following question should be answered only by an individual applicant/owner.
 Are you a U.S. resident for tax purposes (which includes a U.S. citizen)? Yes No

If yes, provide a U.S. Taxpayer Identification Number (TIN)

*We use your email address to send you information about additional products and services we believe meet your changing needs. You can withdraw your consent at any time.

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1st copy - SUN LIFE 2nd copy - Advisor 3rd copy - Client

For SLF use:
DLRAPPE

Contract type

Complete one application per product. Select one contract type only.

Distributor and advisor information

Completing this section is mandatory for processing.

Joint beneficial owner, in trust for or spousal registered plan information

- Joint beneficial owner and in trust for contracts are not permitted for nominee registered contracts.
- Ensure you complete this section if opening a spousal RSP.

Joint beneficial owner Trustee Spousal contributor Other (specify): _____

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Last name	First name	Middle name
Country of residency	Date of birth (dd-mm-yyyy)	Social insurance number (SIN)

Joint beneficial ownership information (joint non-registered contracts only)

Joint beneficial ownership type:

- Joint beneficial owners with right of survivorship (not applicable in Quebec)
- Joint beneficial owners

Signing authority:

- Only one signature required

Subrogated policyholders - Quebec residents only:

- Check here if you (the beneficial owner) and joint beneficial owner would like to name each other as subrogated policyholders.

Mandatory for all non-registered contracts - The following question should be answered only by an individual applicant/owner.

Are you a U.S. resident for tax purposes (which includes a U.S. citizen)? Yes No

If yes, provide a U.S. Taxpayer Identification Number (TIN) _____

Annuitant information

- Complete if different from beneficial owner in the **Beneficial owner information** section.
- Registered contracts: the annuitant must be the beneficial owner.
- If this section is not completed, the annuitant will be the same as the beneficial owner named in the **Beneficial owner information** section.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Annuitant's last name	First name	Middle name
Annuitant's address (if different from beneficial owner)		
City	Province	Postal code
Country of residency	Date of birth (dd-mm-yyyy)	Relationship to beneficial owner

Successor annuitant information

- Complete if different from beneficial owner(s).
 - For non-registered and RIF contracts only.
 - For RIF contracts the successor annuitant must be the annuitant's spouse.
- Check here if the successor annuitant is the same as joint beneficial owner named in the **Joint beneficial owner, in trust for or spousal registered plan information** section.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Successor annuitant's last name	First name	Middle name
Successor annuitant's address (if different from beneficial owner)		
City	Province	Postal code
Country of residency	Date of birth (dd-mm-yyyy)	Relationship to owner

Identity verification, third party determination and politically exposed foreign person information

- This section is mandatory for all non-registered contracts.
- Corporate, sole proprietorship, partnership, in trust for, estate and trust contracts require the identity verification, third party determination and politically exposed foreign person (PEFP) form (4105).

Beneficial owner's information

Last name	First name	Middle name	Date of birth (dd-mm-yyyy)
Verification document	Document number	Country and province of issue	Detailed occupation
Residential address (street number and name)			Apt./Unit/Suite
City		Province	Postal code

Joint beneficial owner's information

Last name	First name	Middle name	Date of birth (dd-mm-yyyy)
Verification document	Document number	Country and province of issue	Detailed occupation
Residential address (street number and name)			Apt./Unit/Suite
City		Province	Postal code

Is a third party involved with this contract, or will a third party pay for this contract, or have the use of, or access to, the contract value?

- No If "no" complete the rest of this section.
- Yes If "yes" attach a completed identity verification, third party determination and politically exposed foreign person (PEFP) form (4105).

To the best of the applicant's/beneficial owner's knowledge, has the applicant/beneficial owner or any close relatives (living or deceased) been considered a politically exposed foreign person (PEFP)?

- No If "no" complete the rest of this section.
- Yes If "yes" attach a completed identity verification, third party determination and politically exposed foreign person (PEFP) form (4105).

Provide the source of payments for this contract. (select all that apply)

- salary or earned income applicant/owner's savings business income existing investment account
- borrowed funds pension income gifted funds sale of property
- proceeds from death benefit or estate inherited funds social benefits other (give details below)

--

What is the purpose and intended use of the product applied for (including an annuity product which may include periodic payments at some point under the contract)? (select all that apply)

- savings cash reserves emergency fund vacation fund
- retirement savings educational purposes income legacy/inheritance
- other (give details below)

--

Identity verification, third party determination and politically exposed foreign person information

When establishing corporate, partnership, not-for-profit or non-corporate entity contracts, please attach the following:

- A completed *Identity verification, third party determination and politically exposed foreign person (PEFP) form (4105)*.
- Paper copies of all applicable corporate/entity documents.

Beneficial owner acknowledgement/authorization

- All beneficial owners, annuitant(s) and joint life (if applicable) must read and sign this section. I(We):
- declare that all statements and answers made by me(us) on this application are complete and true,
- acknowledge having received, read and agreed to the provisions in the Sun Life Financial Privacy Statement for Canada in this application and authorize Sun Life Assurance Company of Canada to obtain, use, and transmit to its agents, distribution partners and service providers, personal information about me/us for the purpose of the administration, processing and servicing of this contract,
- request that all documents delivered to me (us) in connection with this contract to be written in English. Je(Nous) demande(ons) que tous les documents qui me(nous) sont remis avec ce contrat soient rédigés en langue anglaise,
- acknowledge receipt of the individual variable annuity information folder and contract including any supplements and the fund facts before signing the application,
- acknowledge that possible creditor protection may be lost by having the contract held in the name of an investment dealer, a trustee of the nominee registered plan or someone who is not the beneficial owner,
- understand that the effective date of the contract will be the date of the first premium shown on the confirmation statement,
- agree to provide any further information which may be required in connection with the registration and administration of this contract, and
- authorize Sun Life Financial and any of its agents to deliver confirmations, statements and other documents to the distributor and to accept instructions from the distributor to execute financial and non-financial transactions including purchases, transfers and resets according to your instructions and the contract provisions.

Beneficial owner's signature X	Date (dd-mm-yyyy)
Joint beneficial owner's signature X	Date (dd-mm-yyyy)
Annuitant's signature (if not the owner) X	Date (dd-mm-yyyy)
Joint life and successor annuitant's signature* (must be spouse of the annuitant) X	Date (dd-mm-yyyy)
Successor annuitant's signature X	Date (dd-mm-yyyy)
Successor owner's signature X	Date (dd-mm-yyyy)
Parent/guardian's signature ** X	Date (dd-mm-yyyy)
Signed at (city)	Signed at (province)

*Required when making first premium payment to Income Series or Sun Lifetime Advantage GIF.

**Parent/guardian's signature is only required where the annuitant is different from the beneficial owner and is under the age of 16 (18 in Quebec) or for in trust for contracts where the beneficial owner is under the age of 16 (18 in Quebec).

Beneficial owner acknowledgement/authorization

- Ensure all appropriate individuals read and understand this section before signing the application.
- The location where signed (city and province information) is mandatory.

Parent/guardian signature is only required where the annuitant is different from the beneficial owner and is under the age of 16 (18 in Quebec) or for in trust for contracts where the beneficial owner is under the age of 16 (18 in Quebec).

Advisor acknowledgement

- All advisors must read and sign this section.

For the purchase of a nominee non-registered product: with the understanding that Sun Life Financial will rely on the information to conduct customer due diligence and to satisfy applicable regulatory requirements, I confirm that I have reviewed the details provided in this form with the applicant/beneficial owner(s) and to the best of my knowledge, unless otherwise noted, these details are full, complete and true.

I confirm that I have disclosed to the beneficial owner(s) (a) the companies I represent, (b) that I will receive compensation in the form of commissions or salary for the sale of this product, (c) that I may also receive additional compensation in the form of bonuses or non-monetary benefits such as travel incentives or attendance at conferences, and (d) any conflict of interest I may have with respect to the sale of this product.

Advisor's signature X	Province	Date (dd-mm-yyyy)
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Complete the following if the advisor verifying the identity is different from the servicing advisor (applicable for non-registered plans only).


Advisor's last name	First name	Date (dd-mm-yyyy)	Dealer/distributor's number
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ANY AMOUNT THAT IS ALLOCATED TO A SEGREGATED FUND IS INVESTED AT THE RISK OF THE CONTRACT OWNER AND MAY INCREASE OR DECREASE IN VALUE.

Contact information

Toll Free English: 1-844-753-4437 (1-844-SLF-GIFS)
Toll Free French: 1-844-374-1375 (1-844-FPG-IFSL)
Sun Life Assurance Company of Canada
30 Adelaide Street East, Suite 1
Toronto, ON M5C 3G9
Canada

Tax-free savings account (TFSA) application



Sun Life Guaranteed Investment Funds Individual Variable Annuity Contract TFSA Application

Contract information

Select one contract

Sun GIF Solutions Sun Lifetime Advantage GIF

Contract number (if available)

Dealer contract number

Sun Life Financial advisors only:
 Has the application been completed electronically with the client(s) present?
 Yes No If no, attach the additional contract opening documents.

Dealer/distributor and advisor information

Dealer/distributor's number	Advisor's name	
Advisor's number	Telephone number	Supervisor's signature X

Planholder information

The planholder must be the annuitant.

Mr. Mrs. Miss Ms. Dr. Sex: Male Female

Planholder's last name First name Middle name


Planholder's address (street number and name)

City Province Postal code Country of residency

Date of birth (dd-mm-yyyy) Social insurance number (SIN) Planholder's email address* (optional)

*We use your email address to send you information about additional products and services we believe meet your changing needs. You can withdraw your consent at any time.

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1st copy – SUN LIFE 2nd copy – Advisor 3rd copy – Client

For SLF use: DLRAPPE

Contract information

Complete one application per product.

Dealer/distributor and advisor information

Completing this section is mandatory for processing.

Successor planholder information

- Must be the spouse of the planholder.

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Successor planholder's last name		First name		Middle name	
Successor planholder's address (street number and name)					
City			Province	Postal code	
Country of residency			Date of birth (dd-mm-yyyy)		

Lifetime guaranteed income option

- Must be selected if purchasing Income Series or Sun Lifetime Advantage GIF and may not be changed.

- Single life income option** (must be the planholder).
- Joint life income option** (the joint life must be the planholder's spouse* with details provided below).
*Spouse or common-law partner as defined by the Income Tax Act (Canada).

Last name	First name	Middle name
Date of birth (dd-mm-yyyy)	Country of residency	

Beneficiary designation

Primary beneficiary	Relationship*	Share	Contingent beneficiary(ies) for the adjacent share	Relationship*
		%		
		%		
		%		
		%		
		%		
		%		
		Total		%

*Relationship of the beneficiary to the annuitant except in Quebec where it is the relationship to the planholder.

Name of trustee(s) appointed for minor beneficiary(ies) (In Quebec any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian of the minor child)

- I have attached a separate beneficiary form.

In Quebec: the designation of a spouse (married or civil union) as beneficiary is irrevocable unless the planholder checks revocable here:

- Revocable

Legacy settlement option
 I choose to have one or more of the beneficiaries receive their share of the death benefit as a payout annuity. Complete the Legacy settlement option form (4633) along with this application.

Lifetime guaranteed income option

For Sun GIF Solutions Income Series and/or Sun Lifetime Advantage GIF, the income option is mandatory.

Once the income option is selected it can't be changed.

Legacy settlement option

Planholders can select this option instead of a lump sum payment.

A different payment option can be selected for each beneficiary. In addition, the proceeds for one beneficiary can be distributed using a combination of these payment options.

Investment direction

• Private Client contracts – Complete the Private Client service fee agreement.

- Cheque in the amount of \$
 - Transfer \$ from another financial institution (attach transfer form)
 - Transfer \$ from an existing Sun Life account/contract (attach transfer form, if applicable)
- Percent or dollar amount \$ %

Fund code	Initial sales charge (if applicable)	Gross amount \$ or %	PAC amount \$ or % (not applicable for dollar cost average (DCA) fund)	SWP amount \$ or %
		%		
		%		
		%		
		%		
		%		
		%		
		%		
		%		
		%		
		Total:	Total:	Total:

Scheduled withdrawal plan (SWP)

SWP details

SWP amount \$ or Lifetime guaranteed income

Payment details

Payment frequency (select only one)
 Monthly Quarterly Semi-annually Annually

Payment start date
 1st to 28th
 End of month

Payment method

Deposit directly to bank account (please complete the **Banking information** section)

Pre-authorized chequing plan (PAC)

- Specify the fund breakdown in the PAC amount column in the **Investment direction** section and complete the **Banking information** section.
- PAC not available on the dollar cost average (DCA) fund.

PAC amount (ensure you meet the minimum required amount)
 \$

PAC start date
 1st to 28th
 End of month

PAC frequency (select only one)
 Weekly Bi-weekly Monthly Bi-monthly Quarterly Semi-annually Annually

For a joint bank account, all account holders must sign if more than one signature is required.

Signature Date (dd-mm-yyyy)

Investment direction

- The fund code determines the guarantee series (Sun GIF Solutions) and sales charge option of the units purchased.
- For Sun GIF Solutions, ensure the funds are available for the selected series.
- Ensure that the applicable minimum initial deposit is met.

Pre-authorized chequing plan (PAC)

- The minimum PAC amount for Investment and Estate Series units is \$50 per fund.
- The minimum PAC amount for Income Series units is \$100 per fund, after meeting the initial minimum deposit of \$25,000.
- The minimum PAC amount for purchases of Sun Lifetime Advantage GIF is \$100 per fund, after meeting the initial minimum deposit of \$25,000.

Pre-authorized chequing plan (PAC) (continued)

Signature X	Date (dd-mm-yyyy)
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By signing you confirm the banking information provided in the **Banking information** section and that you have read and agree to the PAC terms and conditions set out in this application.

Banking information

- Attach a void cheque.

Bank account owner(s) last name	First name	
Bank name		
Institution code	Transit number	Account number

Clients of Sun Life Financial advisors only:

- I authorize Sun Life Financial to deposit the payments directly to the bank account as indicated on the electronic application.

Planholder acknowledgement/authorization

- The planholder and joint life (if applicable) must read and sign this section.
- l:
- declare that all statements and answers made by me on this application are complete and true,
- acknowledge having received, read and agreed to the provisions in the Sun Life Financial Privacy Statement for Canada in this application and authorize Sun Life Assurance Company of Canada to obtain, use, and transmit to its agents, distribution partners and service providers, personal information about me for the purpose of the administration, processing and servicing of this contract,
- request that all documents delivered to me in connection with this contract to be written in English. Je demande que tous les documents qui me sont remis avec ce contrat soient rédigés en langue anglaise,
- acknowledge receipt of the individual variable annuity information folder and contract including any supplements and the fund facts before signing the application,
- agree to provide any further information which may be required in connection with the registration and administration of this contract,
- declare by completing the **PAC** section, that all persons whose signatures are required to authorize transactions in the bank account provided have read and agreed to the PAC terms and conditions as set out in this application,
- understand the company is not responsible for the validity of any beneficiary designation, and
- acknowledge that by signing this application, I request Sun Life Assurance Company of Canada to file an election with the Minister of National Revenue to register the qualifying arrangement as a TFSA under section 146.2 of the Income Tax Act (Canada).

Clients of Sun Life Financial advisors ONLY

- l:
- acknowledge that the application consists of this application and any information submitted through the electronic application.
 - acknowledge receipt of the relationship brochure entitled 'A Clear Connection: Your Relationship with Sun Life Financial.'
 - authorize Sun Life Financial Distributors (Canada) Inc., Sun Life Assurance Company of Canada and any of their agents to act upon any purchase, redemption, fund switch, resets and modification of pre-authorized chequing plans (PAC) and scheduled withdrawal plans (SWP) that they receive orally or by electronic means, if they reasonably believe that the request was made by me.

Planholder's signature X	Date (dd-mm-yyyy)
Successor planholder's/joint life's signature* (must be spouse of the annuitant) X	Date (dd-mm-yyyy)
Signed at (city)	Signed at (province)

*Required when making first premium payment to Income Series or Sun Lifetime Advantage GIF.



Planholder acknowledgement/authorization

- Ensure all appropriate individuals read and understand this section before signing the application.
- The successor planholder/joint life must sign and date this application when making the first premium payment to purchase either Income Series units or Sun Lifetime Advantage GIF units.
- The location where signed (city and province information) is mandatory.

Advisor acknowledgement

- All advisors must read and sign this section.

I confirm that I have reviewed the details provided in this form with the applicant/planholder and to the best of my knowledge, unless otherwise noted, these details are full, complete and true. I confirm that I have disclosed to the planholder (a) the companies I represent, (b) that I will receive compensation in the form of commissions or salary for the sale of this product, (c) that I may also receive additional compensation in the form of bonuses or non-monetary benefits such as travel incentives or attendance at conferences, and (d) any conflict of interest I may have with respect to the sale of this product.

Advisor's signature X	Province	Date (dd-mm-yyyy)
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ANY AMOUNT THAT IS ALLOCATED TO A SEGREGATED FUND IS INVESTED AT THE RISK OF THE CONTRACT OWNER AND MAY INCREASE OR DECREASE IN VALUE.

Contact information


Toll Free English: 1-844-753-4437 (1-844-SLF-GIFS)
Toll Free French: 1-844-374-1375 (1-844-FPG-IFSL)
Sun Life Assurance Company of Canada
30 Adelaide Street East, Suite 1
Toronto, ON M5C 3G9
Canada

ADDITIONAL FORMS

Request to add Estate and/or Income Series units

Sun GIF Solutions - Request to add Estate and/or Income Series Units

The Sun GIF Solutions allow the owner/planholder(s) to have multiple guarantee series within one contract. This form is required to add Estate and/or Income Series units to an existing contract. This form may only be used if the contract type for the new Estate Series and/or Income Series is the same as the existing contract. The existing annuitant, successor annuitant or successor owner/planholder (where applicable), beneficiary and trade authorization (if dealer/distributor agreement permits) will apply to the new series.



Owner/planholder information

Contract number			
Owner/planholder's last name	First name	Middle name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Joint owner/planholder's last name (if applicable)	First name	Middle name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

Lifetime guaranteed income option

- Must be selected if purchasing Income Series and may not be changed.
- It is recommended if selecting joint life that you name the annuitant's spouse as successor annuitant for all contracts other than an RSP and TFSA.

Single life income option (must be the annuitant).

Joint life income option (for joint life income option, the joint life must be the annuitant's spouse* with details provided below).
*Spouse or common-law partner as defined by the Income Tax Act (Canada).

Last name	First name	Middle name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (dd-mm-yyyy)		Country of residency	

Investment direction

- Private Client contracts – Complete the Private Client service fee agreement form.

From:


Cheque in the amount of \$

Transfer \$ from another financial institution (attach transfer form)

Transfer \$ from an existing Sun Life account/contract (attach transfer form, if applicable)

To:

Estate Series **Income Series**



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1st copy – SUN LIFE 2nd copy – Advisor 3rd copy – Client

For SLF use:
4604E

This form must be completed when you are adding Estate or Income Series units as part of an existing contract that doesn't include these units. This form applies to Sun GIF Solutions ONLY.

Lifetime guaranteed income option

For Sun GIF Solutions Income Series the income option is mandatory. Once the income option is selected it can't be changed.

RIF/LIF/LRIF/PRIF/RLIF and SWP payment details

RIF/LIF/LRIF/PRIF/RLIF contracts only

<p>Payment option (select only one)</p> <input type="checkbox"/> Minimum annual payment <input type="checkbox"/> LIF/LRIF/RLIF maximum annual payment <input type="checkbox"/> Lifetime guaranteed income <input type="checkbox"/> Dollar amount \$ <input type="text"/> <input type="checkbox"/> Gross <input type="checkbox"/> Net	<p>Withholding tax (select only one)</p> <input type="checkbox"/> Required tax withheld <input type="checkbox"/> Specific rate <input type="text"/> % (the specified rate must be greater than the required rate)
---	---

I want to have the RIF minimum annual payment calculated using:

 my age the age of my spouse (Date of birth (dd-mm-yyyy))
 If no selection is made, we will use the owner/planholder's age.

SWP details (non-registered & TFSA contracts only)

SWP amount \$ or Lifetime guaranteed income

Payment details

<p>Payment frequency (select only one)</p> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually	<p>Payment start date</p> <input type="checkbox"/> 1st to 28th <input type="text"/> (dd-mm-yyyy) <input type="checkbox"/> End of month
--	--

Payment method
 Deposit directly to bank account (please complete the **Banking information** section)

Pre-authorized chequing plan (PAC)

- Please specify the fund breakdown in the PAC amount column in the **Investment direction** section and complete the **Banking information** section.
- PAC not available on the dollar cost average (DCA) fund.

<p>PAC amount (ensure you meet the minimum required amount)</p> \$ <input type="text"/>	<p>PAC start date</p> <input type="checkbox"/> 1st to 28th <input type="text"/> (dd-mm-yyyy) <input type="checkbox"/> End of month
--	--

Payment frequency (select only one)
 Weekly Bi-weekly Monthly Bi-monthly Quarterly Semi-annually Annually

PAC details
 Add new PAC details to existing PAC Stop existing PAC and add new PAC details

- Identity verification, third party determination and politically exposed foreign person (PEFP) form (4105) is required for non-registered contracts if the payor(s) is (are) other than the owner(s) indicated in the **Owner/planholder information** and **Banking information** section. For a joint bank account, all account holders must sign if more than one signature is required.

Signature X	Date (dd-mm-yyyy)
Signature X	Date (dd-mm-yyyy)

By signing you confirm the banking information provided in the **Banking information** section and that you have read and agree to the PAC terms and conditions set out in this form.

Pre-authorized chequing plan (PAC)

- The minimum PAC amount for Estate Series units is \$50 per fund.
- The minimum PAC amount for Income Series units is \$100 per fund, after meeting the initial minimum deposit of \$25,000.

Banking information

- Attach a void cheque.

Bank account owner(s) last name		First name
Bank name		
Institution code	Transit number	Account number

Owner/planholder acknowledgment/authorization

I/We:

- authorize the purchase of Estate Series and/or Income Series units as requested.
- agree that this will be considered a purchase under the existing Sun GIF Solutions contract indicated in the **Owner/planholder information** section.
- acknowledge having received, read and agreed to the provisions in the Sun Life Financial Privacy Statement for Canada in this application and authorize Sun Life Assurance Company of Canada to obtain, use, and transmit to its agents, distribution partners and service providers, personal information about me/us for the purpose of the administration, processing and servicing of this policy.
- request that all documents delivered to me (us) in connection with this contract to be written in English. Je (Nous) demande(ons) que tous les documents qui me (nous) sont remis avec ce contrat soient rédigés en langue anglaise.
- acknowledge that any beneficiary designation, successor owner designation, transfer of ownership or collateral assignment, transaction authorization (if dealer/distributor agreement permits) of the contract will apply to these new units, and
- acknowledge receipt of the current supplement for the guarantee series as indicated in the **Investment direction** section (see above).

Owner/planholder's signature X	Date (dd-mm-yyyy)
Joint owner/planholder's signature X	Date (dd-mm-yyyy)
Joint life's signature (must be the spouse of the annuitant)* X	Date (dd-mm-yyyy)
Entity signing officer's signature X	Job title Date (dd-mm-yyyy)
Entity signing officer's signature X	Job title Date (dd-mm-yyyy)
Entity signing officer's signature X	Job title Date (dd-mm-yyyy)
Parent/guardian's signature ** X	Date (dd-mm-yyyy)

*Required when making first premium payment to Income Series.

**Parent/guardian's signature is only required where the annuitant is different from the owner and is under the age of 16 (18 in Quebec) or for in trust for contracts where the beneficial owner is under the age of 16 (18 in Quebec).

Advisor acknowledgement

Advisor's last name	First name	Advisor's code	Dealer/distributor's number
Advisor's signature X			Date (dd-mm-yyyy)
Supervisor's signature X			

ANY AMOUNT THAT IS ALLOCATED TO A SEGREGATED FUND IS INVESTED AT THE RISK OF THE CONTRACT OWNER AND MAY INCREASE OR DECREASE IN VALUE.

Contact information	
Toll Free English: 1-844-753-4437 (1-844-SLF-GIFS)	Sun Life Assurance Company of Canada
Toll Free French: 1-844-374-1375 (1-844-FPG-IFSL)	30 Adelaide Street East, Suite 1
	Toronto, ON M5C 3G9 Canada

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4604-E-05-151st copy – SUN LIFE 2nd copy – Advisor 3rd copy – Client**Owner/planholder acknowledgement/authorization**

- The successor contract owner/joint life must sign and date this application when making the first premium payment.

Pre-authorized chequing plans (PAC) terms and conditions

All PAC payor(s) agree:

- Sun Life Financial may make deductions, at any time, for regular recurring premiums and/or one-time premiums from the bank account indicated in this application.
- all pre-authorized debits will be processed as personal under the Canadian Payments Association rules (this means having 90 calendar days from the date any payment is processed to claim reimbursement for any unauthorized payment).
- the withdrawal amount is considered variable under the Canadian Payments Association rules.
- any notices to be sent to them under this agreement may be sent to the contract owner/planholder's most recent address that Sun Life Financial has on record at the time the notice is sent.
- the company may charge a fee and may cancel the PAC for any withdrawal that is not honoured.
- that all persons whose signatures are required to authorize transactions in the bank account provided have read and agreed to these terms and signed this application.
- the company may not assign this authorization to another company or person in order to permit them to debit the PAC payor's account for these payments without providing at least 10 days prior written notice.
- **to waive the requirement that the company will notify them of, (i) this authorization before the first payment is processed, or, (ii) any subsequent payments, or, (iii) any changes to the amount or date of the payment initiated by them or Sun Life Financial,**
- the payor may cancel this authorization at any time, subject to providing Sun Life Financial notice of at least 48 hours prior to the next PAC run date. To obtain a sample cancellation form, or for more information on your right to cancel a PAC agreement, you may contact your financial institution, Sun Life Financial or visit www.cdnpay.ca, and
- payors have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAC agreement. To obtain more information on your recourse rights, you may contact your financial institution, Sun Life Financial or visit www.cdnpay.ca.

Sun Life Financial Privacy Statement for Canada

At Sun Life Financial, protecting your privacy is a priority. We maintain a confidential file in our offices containing personal information about you and your contract(s) with us. Our files are kept for the purpose of providing you with investment and insurance products or services that will help you meet your lifetime financial objectives. Access to your personal information is restricted to those employees, representatives, distribution partners (such as advisors and their companies) and third party service providers who are responsible for the administration, processing and servicing of your contract(s) with us, our reinsurers or any other person whom you authorize. In some instances these persons may be located outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions. You are entitled to consult the information contained in our file and, if applicable, to have it corrected by sending a written request to us. To find out about our Privacy Policy, visit our website at www.sunlife.ca, or to obtain information about our privacy practices, send a written request by e-mail to privacyofficer@sunlife.com, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.

Legacy settlement option form

Legacy settlement option – Sun Life Guaranteed Investment Funds



Important information

Use this form if you want the death benefit paid to some or all of your beneficiaries as a non-commutable and non-assignable annuity.

- In this form, the terms, *you*, *your* and *owner* refer to a person who is an owner of the contract. The terms, *our* and *us* refer to Sun Life Assurance Company of Canada (Sun Life). Complete a separate form for each annuitant.
- If your contract is registered, the type of annuity you select must be allowed by the Income Tax Act (Canada).
- If your contract is locked-in, the death benefit will be paid in accordance with applicable pension law.
- Sun Life will set up a separate payout annuity based on the life of each beneficiary and the age of the beneficiary at the time the death benefit is payable.

Owner/contract information			
Owner's last name	First name	Middle name	Contract number
Joint owner's last name	First name	Middle name	
Annuitant's last name (if other than the owner or joint owner)	First name	Middle name	

Primary beneficiary designation

By completing this section, you revoke and replace all previous beneficiary designations. For additional beneficiaries, complete a second form. Please initial any changes or corrections.

Primary beneficiary's last name	First name	Relationship to the annuitant (in Quebec, relationship to owner)	Settlement option (only one type of annuity may be selected per beneficiary)	Guarantee period (years)	% of death benefit
Primary beneficiary # 1					
			<input type="checkbox"/> Lump sum <input type="checkbox"/> Single life annuity (legacy) <input type="checkbox"/> Term certain annuity (legacy)	_____ (5-10-15-20) _____ (5-10-15-20)	_____ % _____ %
<input type="checkbox"/> This beneficiary is allowed to designate a beneficiary on their payout annuity*		Legacy payment frequency:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual		
Primary beneficiary # 2					
			<input type="checkbox"/> Lump sum <input type="checkbox"/> Single life annuity (legacy) <input type="checkbox"/> Term certain annuity (legacy)	_____ (5-10-15-20) _____ (5-10-15-20)	_____ % _____ %
<input type="checkbox"/> This beneficiary is allowed to designate a beneficiary on their payout annuity*		Legacy payment frequency:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual		
Primary beneficiary # 3					
			<input type="checkbox"/> Lump sum <input type="checkbox"/> Single life annuity (legacy) <input type="checkbox"/> Term certain annuity (legacy)	_____ (5-10-15-20) _____ (5-10-15-20)	_____ % _____ %
<input type="checkbox"/> This beneficiary is allowed to designate a beneficiary on their payout annuity*		Legacy payment frequency:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual		
Primary beneficiary # 4					
			<input type="checkbox"/> Lump sum <input type="checkbox"/> Single life annuity (legacy) <input type="checkbox"/> Term certain annuity (legacy)	_____ (5-10-15-20) _____ (5-10-15-20)	_____ % _____ %
<input type="checkbox"/> This beneficiary is allowed to designate a beneficiary on their payout annuity*		Legacy payment frequency:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual		
* Beneficiaries will not be able to designate a beneficiary on a payout annuity unless you make this selection in the Primary beneficiary designation section. In British Columbia and Alberta your beneficiary will be able to designate a beneficiary even if you do not select this.				TOTAL (must equal 100%)	0.00 %

In Quebec:

- If you name your legal spouse (married or civil union) as the beneficiary, this designation will be irrevocable unless you check the "Revocable" box.
- If you name someone other than your legal spouse (married or civil union) as the beneficiary, you can change the person(s) you name as your beneficiary(ies) without their consent unless you indicate that the designation is irrevocable.
- Any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian of the minor child.

Revocable

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This form should be completed if the owner would like all or a portion of the death benefit paid to their beneficiaries as a payout annuity.

Contingent beneficiary designation

Beneficiary's last name	First name	Relationship to the annuitant (in Quebec, relationship to owner)	Settlement option (only one type of annuity may be selected per beneficiary)	Guarantee period	% of death benefit
Contingent beneficiary for primary beneficiary # 1					
			<input type="checkbox"/> Lump sum <input type="checkbox"/> Single life annuity (legacy) _____ (5-10-15-20) % <input type="checkbox"/> Term certain annuity (legacy) _____ (5-10-15-20) %		
<input type="checkbox"/> This beneficiary is allowed to designate a beneficiary on their payout annuity*		Legacy payment frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual			
Contingent beneficiary for primary beneficiary # 2					
			<input type="checkbox"/> Lump sum <input type="checkbox"/> Single life annuity (legacy) _____ (5-10-15-20) % <input type="checkbox"/> Term certain annuity (legacy) _____ (5-10-15-20) %		
<input type="checkbox"/> This beneficiary is allowed to designate a beneficiary on their payout annuity*		Legacy payment frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual			
Contingent beneficiary for primary beneficiary # 3					
			<input type="checkbox"/> Lump sum <input type="checkbox"/> Single life annuity (legacy) _____ (5-10-15-20) % <input type="checkbox"/> Term certain annuity (legacy) _____ (5-10-15-20) %		
<input type="checkbox"/> This beneficiary is allowed to designate a beneficiary on their payout annuity*		Legacy payment frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual			
Contingent beneficiary for primary beneficiary # 4					
			<input type="checkbox"/> Lump sum <input type="checkbox"/> Single life annuity (legacy) _____ (5-10-15-20) % <input type="checkbox"/> Term certain annuity (legacy) _____ (5-10-15-20) %		
<input type="checkbox"/> This beneficiary is allowed to designate a beneficiary on their payout annuity*		Legacy payment frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual			
* Beneficiaries will not be able to designate a beneficiary on a payout annuity unless you make this selection in the Primary beneficiary designation section. In British Columbia and Alberta your beneficiary will be able to designate a beneficiary even if you do not select this.				TOTAL (must equal 100%)	0.00 %

When selecting a legacy settlement option, please note:

The beneficiaries proof of age is required before payments start.

The type and frequency of the payout annuity can only be changed by you. The payout annuity is subject to legislative requirements, minimum deposit amounts, minimum payment amounts and annuity options available at that time. We will give the details about the payout annuity to the beneficiary before payments start.

If the beneficiary does not meet our minimum age requirement, or if the death benefit is less than the minimum deposit required, the death benefit will be paid as a lump sum to the beneficiary according to administrative rules.

If a beneficiary is a non-resident of Canada for Canadian income tax purposes, their proceeds will be paid out as a lump sum.

Trustee's information

Name of the trustee for minor beneficiary (in Quebec, any amount payable to a minor beneficiary during their minority will be paid to the parent or legal guardian of the minor child).

Trustee's last name	First name
Trustee's last name	First name

Contract number(s)	
--------------------	--

Owner's authorization

By signing below, you:

- revoke any prior beneficiary designation(s),
- direct Sun Life to pay the death benefit as requested above.
- confirm that the payout annuity will be non-commutable, non-assignable and cannot be redirected.

Owner's signature X	Date (dd-mm-yyyy)
Joint owner's signature (if applicable) X	Date (dd-mm-yyyy)
Irrevocable/preferred beneficiary(ies) signature (if applicable) X	Date (dd-mm-yyyy)

Return to:

Sun Life Assurance Company of Canada
30 Adelaide Street East, Suite 1
Toronto, Ontario M5C 3G9
Canada

Contract number(s)	
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After the sale

Provide clients with the information folder and contract and fund facts at the point of sale.

Afterwards, clients receive the following, as appropriate:

1. When the application is signed and received by Sun Life Financial, a confirmation is sent to the client. Subsequent statements will be sent semi-annually on June 30 and December 31. Please note that semi-annual statements will be sent out beginning in 2016. Private Client program statements are quarterly and include reset notifications (for applicable products/series).

For Sun Lifetime Advantage GIF:

- Reset notifications and market value or minimum income rate changes are included in these statements.
 - When a client elects income, statements show the eligibility and amount of a minimum income reset that establishes lifetime guaranteed income.
 - The updated lifetime guaranteed income for all income election ages up to age 100 is included on each statement.
2. Confirmations are mailed following each transaction. This includes transfers from one series to another, lump sum deposits, deposits to the Dollar cost average (DCA) fund, and withdrawals.
 3. Tax slips are sent out in January or February each year, detailing all taxable events for the previous calendar year.

In addition to paper statements and tax slips, clients can access up-to-date contract and fund information online. Clients can call the Sun Life GIFs client service team at 1-844-SLF-GIFS (1-844-753-4437) to set up their access, or email gifs@sunlife.com. Clients can contact our service team for any questions about their products that can be handled by phone.

What does this mean for the client and you?

- All reporting is done in one statement, simplifying the record-keeping process.
- Tax information is simplified for clients because it's contained in one place.

If you have any questions regarding the information in this guide, please contact your Sun Life Sales Director.

About Sun Life Financial

Founded in 1865, Sun Life Financial has helped Canadians manage and grow their assets for over 150 years.

FINANCIAL STRENGTH, DISCIPLINED RISK MANAGEMENT

- International financial services provider with total assets under management of \$734 billion*
- One of Canada's oldest, most trusted financial institutions, recognized for sustainability and proven, disciplined risk management

INVESTMENT MANAGEMENT EXPERTISE

- Investment funds from leading global portfolio managers
- Focus is on risk management through experience, insight and innovation

LEADING PRODUCTS AND SERVICE

- Full suite of leading insurance and investment products for individuals and corporate customers
- Strong commitment to service excellence

* As at December 31, 2014.

Life's brighter under the sun

Sun Life GIFs are individual variable annuity contracts issued by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

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