Advisor use only

SUN GIF SOLUTIONS & SUN LIFETIME ADVANTAGE GIF SOLUTIONS & SALES PROCESS GUIDE



Life's brighter under the sun

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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	 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 	Take the right steps on your journey to retirement
Letters	 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 	Take the right steps on your journey to retirement
Brochure	• Start your journey of growth with guarantees – Sun GIF Solutions (810-4295)	• Start your retirement journey – Sun Lifetime Advantage GIF (810-4296)
Video	Sun GIF Solutions client video	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	 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) 	 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	• The emotional and financial cost of settling an estate (810-4310)	• 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(jes) 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 m	iet.
----------------------------------------------	------

	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.

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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 <u>www.cdnpay.co.</u> 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 genement. To obtain more information on
 your recourse rights, you may contact your financial institution, Sun Life Financial or visit <u>www.cdnpav.co</u>.

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, LRIFs, RLIFs, and PRIFs require minimum annual withdrawals. We calculate the minimum annual payment amount based on the total amount in your contract on January ist 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.

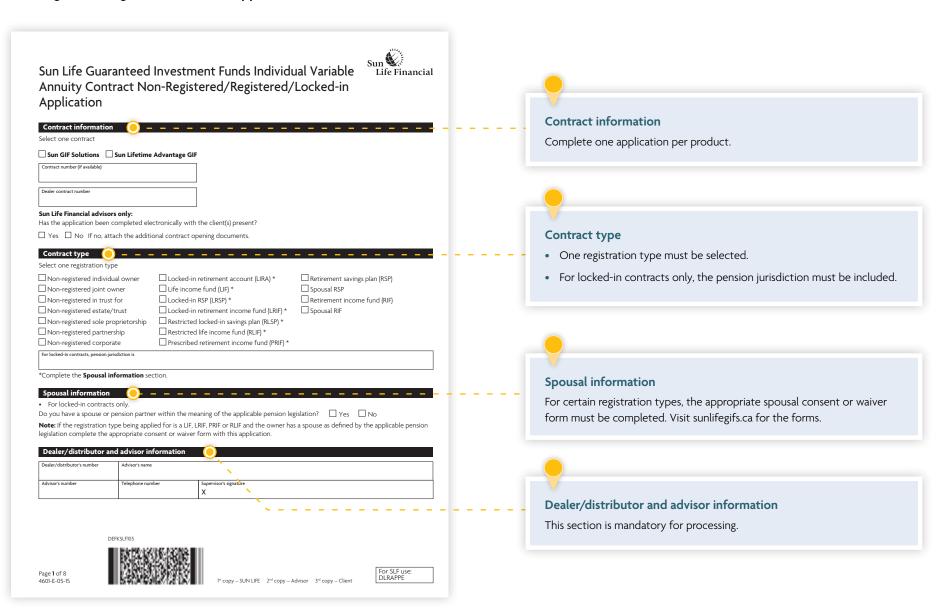
What is a politically exposed foreign person?

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 solitical 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 <u>www sunlifecca</u>, or to obtain information about our privacy practices, send a written request by e-mail to <u>privacyofficer@sunlife.com</u>, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON MSY 3C5.

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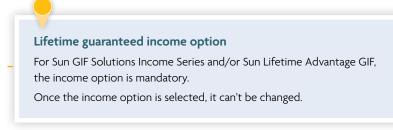


 This owner is the annuita 	int unless voi	u have named anoth	er in the	Annuitant i	nformation	section.
 For registered contracts, 	-					
 For entity applicants (cor 	porations, pa	artnerships, trusts, et	tc.) the E	Declaration of	FATCA cla	ssification for an entity form is mandatory .
Mr. Mrs. Miss		Sex				
Owner's last name		First name				Middle name
Owner's address (street number and n	ame)					
City				Province	Postal code	Country of residency
Date of birth (dd-mm-yyyy)	Social insurance	ce number (SIN)	Owner's	email address* (op	tional)	
Mandatory for all non-regi	stered contr	racts - The following		on should be :	answered o	nly by an individual applicant/owner.
Are you a U.S. resident for ta						
		. [crozell	v. L res		
If yes, provide a U.S. Taxpay						
*We use your email address You can withdraw your con:			addition	al products ar	nd services	we believe meet your changing needs.
rou can withuraw your con	sent at any t	inne.				
Joint, in trust for or spo	ousal regist	ered plan informa	ation			
 Joint owner and in trust f 	for contracts	s are not permitted f	or regist	ered contrac	ts.	
 Ensure you complete this 	section if op	ening a spousal RSP.				
Joint owner 🛛 Truste] Othe	er (specify):		
Mr. Mrs. Miss		Sex				
Last name		First name				Middle name
A	1	1 100.0		<u> </u>		
Date of birth (dd-mm-yyyy)	Social insurance	ce number (SIN)	Country	of residency		
oint ownership informatio	n ligint non	-registered contrac	ts only)			
loint ownership type:	in goint non	registered contrac	cs only j		Sig	gning authority:
Joint owners with right o	f survivorship	p (not applicable in 0	Quebec)			Only one signature required
Joint owners		-				
Subrogated policyholders	- Quebec res	sidents only: (
Check here if you (the ov	wner) and joi	int owner would like	to name	e each other a	as subrogat	ed policyholders.
Mandatory for all non-regi	stered contr	racts - The following	g questic	on should be a	answered o	nly by an individual applicant/owner.
Are you a U.S. resident for ta	ax purposes ((which includes a U.S	5. citizen	1)? 🗌 Yes	🗌 No	
If yes, provide a U.S. Taxpay	or Idontificat	tion Number (TIN)				
ii yes, provide a 0.5. Taxpay	eridentincat	tion number (ma) [
Annuitant information						
 Complete if different fro 	m owner in 1	the Owner information	tion sect	tion.		
 For registered contracts, 	the annuitan	nt must be the owne	r.			
 If this section is not com 	pleted, the a	annuitant will be the	same as	the owner na	amed in the	• Owner information section.
		Sex				
Mr Mrs Miss i		Male Female				
		🗌 Male 🗌 Female				
		Male Female	and	سم بربانه		

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's last name	First name			Middle name		
Annuitant's address (street number and name - if differe	nt from owner)					
City		Province	Postal code			
City		Province	Postal code		Country of residency	·
Date of birth (dd-mm-yyyy)		Relationship to o	wner			
Successor annuitant information						
Complete if different from owner(s).						
For non-registered and RIF contracts	•					
For RIF contracts the successor annuitant Check here if the successor annuitant information section.	is the same as joint ow		oint, in tr	ust for or	spousal registe	red plan
	Sex					
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	!	Country of residency	(
Date of birth (dd-mm-yyyy)		Relationship to o	wher			
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	the owner, or when the Sex Male Gemale	annuitant is the ov	vner and 1	there is a s	uccessor annuita	ant.
Successor owner's last name	First name			Middle name		
Address (street number and name)						
City					Province	Postal code
Date of birth (dd-mm-yyyy)		Relationship to o	wner			
	~					
Lifetime guaranteed income optio						
 Must be selected if purchasing Incom 						other than an PSP
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It is recommended if selecting joint life				dad balaw).	
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rimary beneficiar	y Relatio	nship*	Share	Contingent ber adjacent share	neficiary(ies) for the	Relationship*
			%			
			%			
			%			
			%			
			%			
			Total %			
Relationship of t	he beneficiary to the	annuitant except in Q u e	bee where it is t	he relationship 1	to the owner.	
Name of trustee(s) ap	pointed for minor beneficia	ry(ies) (In Quebec any amount pa	yable to a minor ben	eficiary during his/he	er minority will be paid to the	parent(s) or legal guardian of the minor child.)
.		<u></u>				
	ned a separate bene	nciary form. e (married or civil union) a	s honofician (is i		es the owner sheels re	weenhie here
Revocable	esignation of a spouse	e (partied or civil union) a	as Demenicially is i	rrevocable unie	ss the owner thetes re	evocable here.
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		long with this applicat		or the death	benenit as a payout o	annuity. Complete the Legacy
Investment						
 Private Clier 	t contracts – Comp					
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		lete the rivate client	service ree ag	eement.		
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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.

Payment option (select only one)	Withholding tax (select only one)
Minimum annual payment	Required tax withheld Specific rate %
LIF/LRIF/RLIF maximum annual payment	(the specified rate must be greater than the required rate)
Lifetime guaranteed income	
Dollar amount	
Gross Net	
want to have the RIF minimum annual payment calculated	using:
my age the age of my spouse	-уууу)
If no selection is made, we will use the owner's age.	
WP details (non-registered contracts only)	
SWP amount \$ or Lifeti	ime guaranteed income
ayment details	
Payment frequency (select only one)	Payment start date
🗌 Monthly 🗌 Quarterly 🗌 Semi-annually 🗌 Annu	
, - , ,	ually Ist to 28th (dd-mm-yyyy) End of month
Payment method	End of month
Payment method Deposit directly to bank account (please complete the B	End of month
Payment method Deposit directly to bank account (please complete the B Pre-authorized chequing plan (PAC)	anking information section)
Payment method Deposit directly to bank account (please complete the B Pre-authorized chequing plan (PAC)	End of month
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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.

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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 nar	ne		Date	of birth (dd-mm-yyyy)
Verification document	Do	cument number	Country	and provinc	e of issue	Detailed occ	upation	1
Residential address (street number an	nd name)							Apt./Unit/Suite
City					Province			Postal code
oint owner's information					1			1
Last name		First name		Middle nar	ne		Date	of birth (dd-mm-yyyy)
Verification document	Do	cument number	Country	and provinc	e of issue	Detailed occ	upation	I
Residential address (street number an	nd 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? \square 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)

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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.

ome point under the contract)? (s	elect all that apply)		
savings	cash reserves	emergency fund	vacation fund
retirement savings	educational purposes	income	legacy/inheritance
other (give details below)			

l(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 be electronic means, if they reasonably believe that the request was made by me (us).

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

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

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	Province	Date (dd-mm-yyyy)
X		
Complete the following if the advisor verifying the identity is different from the service	cing advisor (applicable for non-re	gistered plans only)

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

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-1FSL) Sun Life Assurance Company of Canada 30 Adelaide Street East, Suite 1 Toronto, ON M5C 3G9 Canada

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Nominee application

	ariable Annui	estment Funds ty Contract	Sun Sun Life Finar
Contract type Select one contract type a Sun GIF Solutions	Sun Lifetime Advant	tage GIF	
□ Nominee retirement inc Note: For nominee register contract in trust for the be	ered contracts, the trust has o eneficial owner. For non-regis	ominee tax–free savings accou	nt (TFSA) t. The trustee (or agent for the trustee) holds th owner has owner rights under the contract.
Nominee information	1	First name	
Trustee's last name (for registered p Wire order number	plans only)	First name Client distributor com	itract (account) number
Distributor and advise			
Distributor's number	Advisor's name		
Advisor's number	Telephone number	Supervisor's signature	
		~	
Beneficial owner infor		ve named another in the Annui	itant information section
			TCA classification for an entity form is mandate
Mr. Mrs. Miss		e	
Beneficial owner's last name	First name		Middle name
Beneficial owner's address (street nu	umber and name)		
City		Province Po	ostal code Country of residency
Date of birth (dd-mm-yyyy)	Social insurance number (SIN)	Beneficial owner's email address*	* (optional)
Mandatory for all non-re	gistered contracts - The follo	owing question should be answ	vered only by an individual applicant/owner.
Are you a U.S. resident for	r tax purposes (which includes	s a U.S. citizen)? Yes] No
	ayer Identification Number (T		
*We use your email addres You can withdraw your co		bout additional products and se	ervices we believe meet your changing needs.
	EFKSLF105		
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 Joint beneficial owner and in trust for				for nominee registere	d contracts.		
 Ensure you complete this section if Joint beneficial owner Trustee 				Other (specify):			
Mr. Mrs. Miss Dr.	Sex	-]	L			
Last name	Male Fi	Female			Middle name		
Country of residency			(dd-mm-yyyy)			ce number (SIN)	
Country of residency	D	ate of birth	(dd-mm-yyyy)		Social insuran	ce number (SIN)	
oint beneficial ownership informatio	on (joint n	ion-regis	tered contr			••	
oint beneficial ownership type:	e	hin land		_	igning auth		au dura al
Joint beneficial owners with right of Joint beneficial owners	r survivors	snip (not i	applicable ir	i Quebec) L	_ Only one	signature rec	quired
ubrogated policyholders - Quebec r	esidents	only:					
Check here if you (the beneficial ov	vner) and j	joint ben	eficial owne	er would like to name e	ach other as	subrogated	policyholders.
Mandatory for all non-registered con	tracts - ⊤	he follov	ving questio	n should be answered	only by an ii	ndividual app	licant/owner.
re you a U.S. resident for tax purpose	es (which ir	ncludes a	U.S. citizen)? 🗌 Yes 🗌 No		-	
f yes, provide a U.S. Taxpayer Identific	ation Nun	nber (TIN	1)]	
Annuitant information							
Complete if different from benefici	ial owner i	in the Be	neficial own	ner information section	on.		
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Mr. Mrs. Dr. Sec Successor beneficial owner's last name First name Middle name Successor beneficial owner's last name First name Middle name Successor beneficial owner's last name First name Middle name Successor beneficial owner's address Province City Province Date of birth (idd-mm-yyyy) Relationship to owner Liffetime guaranteed income option O Must be selected if purchasing Income Series or Sun Liffetime 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 contra 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). List name Date of birth (idd-mm-yyyy) Country of residency Beneficiary designation First name For nominee non-registered contracts only. Contingent beneficiary(se) for the adjacent share % Share Contingent beneficiary(se) for the adjacent share	cts other than an RSP
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Total %	
elationship of the beneficiary to the annuitant except in Quebec where it is the relationship to the beneficial owner.	
lame 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 le	al guardian of the minor child
I have attached a separate beneficiary form.	
Quebec: the designation of a spouse (married or civil union) as beneficiary is irrevocable unless the beneficial owner	hecks revocable he
Revocable	
egacy settlement option	
I choose to have one or more of the beneficiaries receive their share of the death benefit as a payout annuity. C settlement option form (4633) along with this application.	omplete the Legacy
settement option form (4055) 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

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.

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 na	ime		Date o	of birth (dd-mm-yyyy)
Verification document	Document number	Country and provin	ice of issue	Detailed oc	cupation	I
Residential address (street number and	d name)	I		1		Apt./Unit/Suite
City			Province			Postal code
Joint beneficial owner's inf	ormation					
Last name	First name	Middle na	ime		Date o	of birth (dd-mm-yyyy)
Verification document	Document number	Country and provin	ce of issue	Detailed oc	cupation	
Residential address (street number and	d 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? \Box 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)				

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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

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

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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	Province	Date (dd-mm-yyyy)
X		
Complete the following if the advisor verifying the identity is different from the servic	ing advisor (applicable for non-reg	istered plans only).

	, ,	0	, 0		0	
Advisor's last name		First name		Date (dd-mm-yyyy)	Dealer/distributor's number	

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

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Tax-free savings account (TFSA) application

number (if available) intract number	uniter of availability rever number rever nu	ract information 🧕 — — — — — — — — — — — — — — — — — —	Contract information Complete one application per product.
If Final ad Avisor only: he application been completed electronically with the client(s) present? es	Financial divisor only: piloation been completed electronically with the client(s) present? ho: fino, attach the additional contract opening documents: Visitibutor and advisor information tother on number Advicor number Mainer number Supervisor's signature X Presention: Supervisor's signature Construction: Constru	art GIF Solutions 🗌 Sun Lifetime Advantage GIF	
Ites No If no, attach the additional contract opening documents. aler/distributor and advisor information Index information avisor's number Telephone number apprivion's signature Telephone number apprivion's guardine Telephone number apprivion's signature Telephone number apprivion's guardine Telephone number Telephone	application been completed electronically with the client(s) present? application been completed electronically with the client(s) present? (distributor and advisor information (distributor and advisor information (distributor number Advices number (advices number Set (advices number Name (advices number (advices number (advices number Set (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advices number (advic	er contract number	
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Dealer/distributor and advisor information reservice's number dvisor's number telephone number supervice's signature X Planholder information The planholder must be the annuitant. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Fit name Middle name Labolder's address (street number and name) Dealer/distributor and advisor information Completing this section is mandatory for processing.	/distributor and advisor information Product or number Advisor i nume Completing this section is mandatory for processing. Dealer/distributor and advisor information Completing this section is mandatory for processing. Dealer/distributor and advisor information Completing this section is mandatory for processing. Dealer/distributor and advisor information Completing this section is mandatory for processing. Dealer/distributor and advisor information Completing this section is mandatory for processing. Dealer/distributor and advisor information Completing this section is mandatory for processing. Dealer/distributor and advisor information Completing this section is mandatory for processing. Dealer/distributor and advisor information Completing this section is mandatory for processing. Dealer/distributor and advisor information Completing this section is mandatory for processing. Dealer/distributor and advisor information Completing this section is mandatory for processing.		V
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Planholder information • The planholder must be the annuitant. • Mrs Mrs Mrs Dre Sex • Miss _ Mrs Dre Sex • First name • First name	Scher	er/distributor's number Advisor's name	Completing this section is mandatory for processing.
The planholder must be the annuitant. Image: must be the annuitant. Sex	Man Mas M		
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.		volder's last name First name Middle name volder's address (street number and name) Province Postal code Province Postal code Country of residency of birth (dd-mm-yyyy) Social insurance number (SIN) Planholder's email address* (optional) : use your email address to send you information about additional products and services we believe meet your changing needs.	

		Dr.	🗌 Mal	e 🗌 Female			
uccessor planholder's	last name			First name		Middle name	
country of residency					Date of birth (dd-mm-yyyy)		

□ 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:

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.

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	the amount of \$			
Г	the amount of [>			
_ Transfer _		from another financial instituti	on	(attach transfer form)
Transfer	\$	from an existing Sun Life accour	nt/contract	(attach transfer form, if applicable
ercent or dolla	r amount \$]%	PAC amount \$ or %	
Fund code	Initial sales charge (if applicable)	Gross amount \$ or %	(not applicable for dollar cos average (DCA) fund)	st SWP amount \$ or %
und code	(ii applicable) %	Gross amount 5 or 78	average (DCA) fullidy	SWI amount S of 78
	%			
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WP details	% withdrawal plan (s		Total:	Totak
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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	Date (dd-mm-yyyy)
X	

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 responsibile for the validity of any benefiary 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:

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- 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			Date (dd-mm-yyyy)	
х				
essor planholder's/joint life's signature* (must be spouse of the annuitant)		Date (dd-mm-yyyy)		
х				
Signed at (city)	ed at (city) Signed at (province)		•	
*Required when making first premium payme	ent to Income Series or S	un Lifetime Advantage GIF.		
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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 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)

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-1FSL) Sun Life Assurance Company of Canada

30 Adelaide Street East, Suite 1 Toronto, ON M5C 3G9 Canada

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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.

]		
First name	Middle name	Sex Generate Second
First name	Middle name	Sex 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
				Male Female
Date of birth (dd-mm-yyyy)		Country of res	idency	
Investment direction				

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: testete Series Estate Series Income Series	 Private Client contracts – Comple 	ete the Private Client ser	rvice fee agreemen	t form.		
Cartansfer S From an other financial institution Cartansfer S From an existing Sun Life account/contract Cartansfer form, if applicable) To: Estate Series DERSLEDS DERSLEDS Page 1 of 4 For SLF use:	From:					
	Cheque in the amount of					
Page 1 of 4	Transfer \$	from another financial	linstitution		(a	ttach transfer form)
Estate Series DERSLE03 Page 1 of 4 For SLF use:	Transfer \$] from an existing Sun Lif	fe account/contract		(attach trans	sfer form, if applicable)
Page 1 of 4	То:					
Page 1 of 4	Estate Series 🛛 Income Series	5				
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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.

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:

Transition:			
Transition fro	m	Transition to	
Fund code	Amount	Fund code	Amount
	□ \$ □ % □ units		□ \$ □ % □ units
Fund code	Amount	Fund code	Amount
	□ \$ □ % □ units		□ \$ □ % □ units
Fund code	Amount	Fund code	Amount
	□ \$ □ % □ units		□ \$ □% □ units
Fund code	Amount	Fund code	Amount
	□ \$ □ % □ units		□ \$ □ % □ units
Fund code	Amount	Fund code	Amount
	□ \$ □ % □ units		□ \$ □% □ units
Fund code	Amount	Fund code	Amount
	□ \$ □ % □ units		□ \$ □ % □ units

Unless directed otherwise, the following will happen to your scheduled plan (PAC or SWP) after a transition is completed:

Full transition: The PAC or SWP will stop in the fund(s) you are transitioning out of and will continue in the fund(s) you are transitioning into. Partial transition: The PAC or SWP will continue in the fund(s) you are transitioning out of. PAC or SWP will not start in the fund(s) you are transitioning into.

Select one of the following options to change the default above:

Continue existing scheduled plan on the current fund(s)

Stop the scheduled plan

 \Box Change scheduled plan as per the information indicated in the appropriate sections in this form

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Investment direction

- The fund code determines the guarantee series 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.

RIF/LIF/LRIF/PRIF/RLIF contracts only		
Payment option (select only one)	Withholding tax (select only one)	
Minimum annual payment	Required tax withheld Specific rate %	
LIF/LRIF/RLIF maximum annual payment	(the specified rate must be greater than the required rate)	
Lifetime guaranteed income		
Dollar amount \$		
Gross Net		
I want to have the RIF minimum annual payment calculate	d using:	
my age the age of my spouse	m >939)	
If no selection is made, we will use the owner/planholder'	s age.	
SWP details (non-registered & TFSA contracts only)		
SWP amount \$ or Life	ztime guaranteed income	
Payment details		
Payment frequency (select only one)	Payment start date	
□ Monthly □ Quarterly □ Semi-annually □ An	nually Ist to 28th (dd-mm-yyyy)	
Payment method	Banking information soction)	Pre-authorized chec
Deposit directly to bank account (please complete the Pre-authorized chequing plan (PAC)	Banking information section)	• The minimum PAC a
Deposit directly to bank account (please complete the Pre-authorized chequing plan (PAC) Please specify the fund breakdown in the PAC amount of information section.	column in the Investment direction section and complete the Banking	The minimum PAC a The minimum PAC a
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uing plan (PAC)

- amount for Estate Series units is \$50 per fund.
- amount for Income Series units is \$100 per fund, nitial 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	

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

*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 Date (dd-mm-yyyy) X					
Supervisor's signature					

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 Toll Free French: 1-844-374-1375 (1-	, 844-FPG-1FSL)	Sun Life Assurance Company of Canada 30 Adelaide Street East, Suite 1 Toronto, ON M5C 3G9 Canada		
Page 4 of 4 4604-E-05-15	1 st copy – SUN LIFI	2 nd copy – Advisor 3 nd 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 formore information on your right to cancel a PAC agreement, you may contact your financial institution, Sun Life Financial or visit www.cdppay.cd, 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.co.

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 MSV 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's last name		First n	ame		Middle nam	e	Contract numb	er
oint owner's last name			First name			Middle name		
Annuitant's last name (if other than the	owner or joint ov	vner)	First name			Middle name		
Primary beneficiary des	ignation							
completing this section, you	revoke and re	olace a	all previous beneficia	ry designations. For	additional	beneficiaries, complete	e a second form. F	lease
itial any changes or correction	S.							
Primary beneficiary's last name	First nam			Relationship to the annuitant (in Quebe relationship to own	ec, typ	tlement option (only one e of annuity may be ected per beneficiary)	Guarantee period (vears)	% of deat
Primary beneficiary #1	riischam	c		relationship to own	ei) sei	ected per benenciary)	(years)	Denent
						Lump sum		
						Single life annuity (legacy)	(5-10-15-20)	
						Term certain annuity (legacy)	(5-10-15-20)	
This beneficiary is allowed to design	ate a beneficiary o	n their	payout annuity*	Legacy payment fre	quency:	Monthly Quarterly	Semi-annual	Annual
Primary beneficiary # 2								
						Lump sum		
						Single life annuity (legacy)	(5-10-15-20)	
						Term certain annuity (legacy)	(5-10-15-20)	
This beneficiary is allowed to design	ate a beneficiary o	n their	payout annuity*	Legacy payment free	quency: 🛛	Monthly Quarterly	Semi-annual	Annual
rimary beneficiary # 3								
						Lump sum		
						Single life annuity (legacy)	(5-10-15-20)	
						Term certain annuity (legacy)	(5-10-15-20)	
This beneficiary is allowed to design	ate a beneficiary o	n their	payout annuity*	Legacy payment free	quency: 🛛	Monthly Quarterly	Semi-annual	Annual
rimary beneficiary #4								
						Lump sum		
						Single life annuity (legacy)	(5-10-15-20)	
	1					Term certain annuity (legacy)	(5-10-15-20)	
					_			

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(les) 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

DEFKSLF101

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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.

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) Gua	arantee period	% of death benefit
Contingent beneficiary for primary b	beneficiary #1		, ,,		
			Lump sum Single life annuity (legacy)	(5-10-15-20)	2
This beneficiary is allowed to de	signate a beneficiary on their payout annuity*	Legacy payment frequency:	Term certain annuity (legacy) Monthly Quarterly Se	(5-10-15-20) emi-annual	9 Annual
Contingent beneficiary for primary b	beneficiary # 2				
			Lump sum Gingle life annuity (legacy) Term certain annuity (legacy)	(5-10-15-20)	
This beneficiary is allowed to de	signate a beneficiary on their payout annuity*	Legacy payment frequency:	Monthly Quarterly Se	emi-annual	Annual
Contingent beneficiary for primary b	beneficiary # 3				
			Lump sum Single life annuity (legacy) Term certain annuity (legacy)	(5-10-15-20)	2 2 2
This beneficiary is allowed to de	signate a beneficiary on their payout annuity*	Legacy payment frequency:	Monthly Quarterly Se	emi-annual	Annual
Contingent beneficiary for primary b	beneficiary #4				
			Lump sum Gingle life annuity (legacy) Term certain annuity (legacy)	(5-10-15-20)	2
This beneficiary is allowed to de	signate a beneficiary on their payout annuity*	Legacy payment frequency:	Monthly Quarterly Se	emi-annual	Annual

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).

Truste	e's last name	First name
Truste	e's last name	First name

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.

Date (dd-mm-yyyy)
Date (dd-mm-yyyy)
Date (dd-mm-yyyy)

Return to:

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

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Page **2** of 3 4633-E-05-15 ontract number(s)

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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