Absolute assignment (Transfer of Ownership) of non-registered GIC products



Sun Life Financial Trust Inc., Waterloo, Ontario

First name of contractholder	Middle initial	Last name	Policy number	Phone number	
First name of joint contractholder (if applicable)	Middle initial	Last name		Phone number	
(we the contractholder(c) absolutely transfer and assign all rights title and interests in the above policy to					

I/we, the contractholder(s), absolutely transfer and assign all rights, title and interests in the above policy to:

Information about the new contractholder(s) (individual)

First name of new contractholder	Middle initial	Last name	First name (if applica		
Address (if different than the joint contractholder's), specify which one to use for correspondence)					
City	Pro	vince	City		
Country	Pos	stal code	Country		
Social insurance number		Date of birth (dd-mm-yy)	yy) Social insu		
Relationship to current contractholo	ler Phon	e number	Relationsh		

First name of new joint contractholder (if applicable)	Middle initial			st name		
Address (if different than the joint contra correspondence)	actholde	r's), s	pecify	which one to use for		
City		Prov	/ince			
Country		Post	tal co	de		
Social insurance number				Date of birth (dd-mm-yyyy)		
Relationship to current contractholder	F	hone	num	ber		

Information about the new contractholder (corporation)

morniation about the new contractionact (corporation)						
Corporate name		Address (street numbe	r and name)			
City		Province		Postal code	CR	A (Canada Revenue Agency) business number
Corporate registration number	Date of incorporation	(dd-mm-yyyy) Country of inco		try of incorporation		Province of incorporation

If the new ownership arrangement is joint, please answer the following questions:

- 1. Does this joint ownership require consent from all applicants before any changes are made? ☐ Yes ☐ No
- 2. Does this joint ownership include survivorship rights? \square Yes \square No

Any interest credited on the GIC contract prior to the date that ownership was transferred will be reported to the original owner(s).

Sign and date below:

Note: If a corporation is signing, its authorized officer must sign and indicate their title.

Date (dd-mm-yyyy)	Signed at city		Signed at province		
Signature of current contractholder		Signature of joint current contractholder			
X		X			
Signature of new contractholder		Signature of new joint current contractholder			
X		X			

Caution: This form is provided by Sun Life Financial Trust Inc. for the convenience of its contractholders, who must satisfy themselves that it will carry out their intentions. Sun Life Financial Trust Inc. assumes no responsibility for the sufficiency or effect of the completed form.

Recorded and Filed at Sun Life Financial Trust Inc., Waterloo, Ontario

Have your advisor complete Identity verification, third party determination and politically exposed foreign person (PEFP) form E4105 and if the new contractholder is an entity, Certificate of Incumbency form E4207. We will not permit transactions by the new owner until we receive the completed forms.

Return to:

Sun Life Assurance Company of Canada 227 King Street South P.O. Box 16-01, STN Waterloo Waterloo, ON N2J 4C5

Fax number: 1-866-487-4745