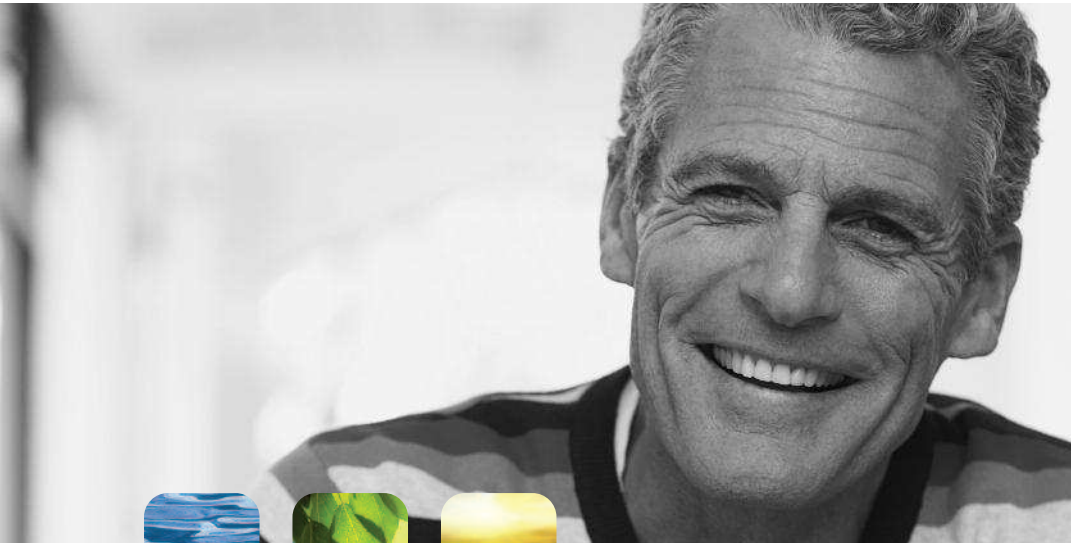


Sun Life Assurance Company of Canada

Tax-Free Savings Account Application Form - January 2012



SunWise
EssentialSeries



SunWise Essential Series is an individual variable annuity contract issued by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.



managed by CI Investments Inc.



issued by Sun Life Assurance Company of Canada

What you understand and agree to when you sign this Application.

Your signature in the Planholder Acknowledgement/Authorization section of this Application confirms you understand the following:

Beneficiary Designation

- **the beneficiary designation is revocable, unless the Planholder designates the beneficiary as irrevocable**
- for Contracts signed in Quebec, the relationship stated on the Application form must be the relationship between the beneficiary and the Planholder and the designation of a spouse (married or civil union) as beneficiary is irrevocable unless the Planholder indicates revocable in the Beneficiary Designation section of the Application
- the person(s) is (are) appointed as the beneficiary(ies) of the Contract in the event of the death of the Annuitant, if living at the date of that death
- if the beneficiary(ies) predecease(s) the Annuitant, a contingent beneficiary for that beneficiary's share, if still alive at the death of the Annuitant, shall receive that beneficiary's share of the death benefit. If no contingent beneficiary for that share is named or is alive at that time, that share shall be payable to the estate of the deceased Planholder
- in all provinces other than Quebec, if you designate minor children as beneficiaries, you should also name a trustee to receive funds on their behalf
- in Quebec, if you wish to designate minor children as beneficiaries, 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. A trustee may, also be designated but a trust must then be set up more formally in accordance with the Civil Code of Quebec. A lawyer or notary should then be consulted. Unless specifics of a trust are provided, an appointment of a trustee/guardian herein shall refer to a guardian according to the Civil Code of Quebec
- **if you name an irrevocable beneficiary you will limit certain rights you have to deal with the Contract unless you obtain their signature at the time of the request. A parent or guardian or tutor cannot provide consent on behalf of a minor who has been named as irrevocable beneficiary**

Guaranteed Lifetime Withdrawal Benefit (GLWB)

- deposits into the Income Class will be accepted until December 31 of the year the Annuitant turns 80. If the Two-Life Income Stream is designated, deposits may be accepted until December 31 of the calendar year in which the youngest of the Annuitant and the Second Life turns 80 years of age
- Lifetime Withdrawal Amount (LWA) payments of 5% for One-Life Income Stream and 4.5% for Two-Life Income Stream may begin as early as January 1 of the year the Annuitant (or, if a Second Life is designated, the younger of the Annuitant and the Second Life) turns 65 years of age
- if the Age 55 LWA Election is made, payments of 4% for One-Life Income Stream or 3.5% for Two-Life Income Stream may begin as early as January 1 of the year the Annuitant (or, if a Second Life is designated, the younger of the Annuitant and the Second Life) turns 55 years of age. In order to make the Age 55 LWA Election, the SunWise Essential Series Withdrawal Order Ticket must be submitted along with the SunWise Essential Series TFSA Application Form

LWA Income Streams:

- an LWA Income Stream, either the One-Life Income Stream or the Two-Life Income Stream, must be elected at the time of the first deposit into the Income Class and may not be changed

One-Life Income Stream

- the LWA will be determined based on the age of the Annuitant
- a spouse, named as the sole primary beneficiary, may elect to continue the TFSA Contract as Successor Planholder and to continue receiving LWA payments with the Lifetime Income recalculated based on the current market value

Two-Life Income Stream

- the LWA will be determined based on the age of the younger of the Annuitant and the Second Life
- only the spouse, as defined in the *Income Tax Act*, of the Annuitant may be named as a Second Life
- the Two-Life Income Stream may only be elected when the spouse of the Annuitant is named as the sole primary beneficiary. The spouse must continue the TFSA Contract as Successor Planholder

LWA Protection Service

- the LWA Protection Service will be placed on the Income Class to ensure you do not withdraw amounts in excess of your LWA, unless otherwise confirmed. This service can be changed, removed or added by you or by your representative at any time, based on your instructions

Investment Directions

- **the fund code selected will determine the guarantee class and sales charge option of the units invested**
- a monthly minimum of \$50 per fund is required for pre-authorized chequing plans (PACs)
- to invest in the Income Class of a TFSA a minimum initial deposit of \$25,000 is required. We will establish the TFSA if the value, in combination with other Contracts of which you are the Owner and invested in the Income Class, meets the \$25,000 Income Class minimum
- deposits and transfers into a TFSA must be from an account that belongs to the Planholder

Partial Transfer from another CI account.

- if you have indicated in section 7b that investments are coming from another CI Contract you authorize CI to withdraw the investments that you have indicated in this Section
- a transfer from another product may result in a loss of benefits such as guarantees
- a transfer from another product or plan may result in a taxable disposition

Pre-Authorized Chequing Plans (PAC) Terms and Conditions

- **by signing this Application, you hereby waive any pre-notification requirements as specified by section 15(a) and (b) of the Canadian Payments Association Rule H1 with regards to PACs**
- if you have indicated on the Application that you want to make regular deposits using a PAC, you authorize CI Investments Inc. (CI), on behalf of Sun Life, to debit the bank account provided for the specified amount(s) and in the frequencies selected
- if this is for your own personal investment, your debit will be considered a Personal Pre-authorized debit agreement (PAD) by Canadian Payments Association definition. If this is for business purposes, it will be considered a Business PAD. Monies transferred between CPA members will be considered a Funds Transfer PAD
- you 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, CI or visit www.cdnpay.ca

- you may change these instructions or cancel this plan at any time, subject to providing CI 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, CI or visit the Canadian Payments Association website at www.cdnpay.ca. You agree to release the financial institution and CI of all liability if the revocation is not respected, except in the case of gross negligence by the financial institution or CI
- CI is authorized to accept changes to this agreement from your registered dealer or your financial advisor in accordance with the policies of that company, in accordance with the disclosure and authorization requirements of the CPA
- you agree that the information in this form will be shared with the financial institution, insofar as the disclosure of this information is directly related to and necessary for the proper application of the rules applicable for PACs
- you acknowledge and agree that you are fully liable for any charges incurred if the debits cannot be made due to insufficient funds or any other reason for which you may be held accountable
- you confirm 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

Withdrawals and Automatic Withdrawals (AWDs)

- Income Class withdrawals in excess of the annual LWA may have a negative impact on future LWA payments

Instructions on completing section 9:

- Payment Type:
 - select one payment type for this Contract
 - a sub-option may then be required depending on the payment type elected
- Payment Fund Breakdown:
 - in this section specify the fund breakdown of your payments. There is a column for each Class. The total per Class should equal 100% of the payment that will be made from the funds of that Class
- Payment Frequency, Start Date and Method:
 - complete by specifying the Payment Frequency, Start Date and Method

CI Investments Privacy Statement for Canada

Upon receipt of this application, CI will establish a file in which will be placed personal information about you concerning this application, endorsement, rider or other documents issued in connection with this application, and other documents or information relating to the investigation, servicing and administration of this application. We collect personal information about you from this application and any supplementary forms, and from your representative and other organizations and persons you identify in support of your application. We use your personal information for the purposes of, servicing and administering this application, and for such other purposes as are specified in this application. Your information may be shared with your representative of record for the purposes identified above. Your Social Insurance Number will be used for income reporting purposes in the context of the administration of your account. Your banking information will be disclosed to the financial institution(s) processing your pre-authorized deposit plan. Employees or authorized representatives of CI or its affiliates, who will be responsible for functions relevant to the purposes identified above, and other persons authorized by you or by law, will have access to the personal information contained in your file. Note that your financial advisor or broker is not an employee of CI. Subject to exceptions set out in applicable legislation, you may access your file and request corrections to your personal information by sending a written request to CI Investments Inc, Attn: Privacy Officer, 15 York Street, Second Floor, Toronto, Ontario M5J 0A3. **By completing and signing this application, you consent to the collection, use and disclosure of your personal information as described herein. CI's Privacy Policy is available on the CI Website, www.ci.com.**

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. Our Privacy Policy informs you that we will tell you about other products and services we offer and on how you can tell us if you no longer want this information. **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.**



SunWise® Essential Series
Individual Variable Annuity Contract
Tax-Free Savings Account (TFSA) Application Form



1 Contract Number (if available)	SunWise Essential Series Contract Number _____ Distributor's Account Number _____																														
2 Distributor and Representative Information	<p>Distributor's Name _____ Representative's Name _____</p> <p>_____</p> <p style="text-align: center;">M A N D A T O R I Y</p> <p>Distributor Number _____ Representative Number _____ Telephone Number _____ E-mail Address _____</p> <p>Training Supervisor's signature (Quebec Only) <input checked="" type="checkbox"/> _____</p>																														
3 Planholder Information	<p><input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Ms. <input type="radio"/> Dr. Gender <input type="radio"/> Male <input type="radio"/> Female</p> <p>MANDATORY</p> <p>Planholder's Name (last, first, middle) _____</p> <p>MANDATORY</p> <p>Planholder's Address _____ City or Town _____ Province _____</p> <p style="text-align: center;">MANDATORY</p> <p>Postal Code _____ Country of Residency _____ Residence Telephone Number _____</p> <p style="text-align: center;">YYYY/MM/DD</p> <p>MANDATORY MANDATORY</p> <p>Date of Birth _____ Social Insurance Number (SIN) _____ Planholder's E-mail Address _____</p>																														
4 Beneficiary Designation	<p>For Contracts signed in Quebec the designation of a spouse (married or civil union) as beneficiary is irrevocable unless the Planholder checks revocable here: <input type="radio"/> revocable</p> <p>For the Two-Life Income Stream option you must name your spouse as sole primary beneficiary.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 25%;">Primary Beneficiary Name(s)</th> <th style="width: 15%;">Relationship to Annuitant</th> <th style="width: 10%;">Share (%)</th> <th style="width: 30%;">Contingent Beneficiary Name(s) (for the adjacent share)</th> <th style="width: 20%;">Relationship to Annuitant</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="2" style="text-align: right;">Total</td> <td style="text-align: center;">100%</td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Name of Trustee(s) appointed for minor beneficiary(ies) (appointed administrator in Quebec) _____</p> <p><input type="radio"/> I have attached a letter of direction with additional/alternate/irrevocable beneficiary instructions.</p>	Primary Beneficiary Name(s)	Relationship to Annuitant	Share (%)	Contingent Beneficiary Name(s) (for the adjacent share)	Relationship to Annuitant																					Total		100%		
Primary Beneficiary Name(s)	Relationship to Annuitant	Share (%)	Contingent Beneficiary Name(s) (for the adjacent share)	Relationship to Annuitant																											
Total		100%																													
5 LWA Income Streams for the Income Class (MANDATORY)	<p>LWA Income Stream: An LWA Income Stream must be elected at the time of the first deposit into the Income Class and may not be changed.</p> <p><input type="radio"/> One-Life Income Stream</p> <p><input type="radio"/> Two-Life Income Stream (for Two-Life Income Stream the Second Life must be the Annuitant's spouse* Spousal details must be provided below)</p> <p>Please complete the Spousal information below when electing the Two-Life Income Stream.</p> <p>Gender <input type="radio"/> Male <input type="radio"/> Female</p> <p>MANDATORY</p> <p>Name (last, first, middle) _____</p> <p style="text-align: center;">YYYY/MM/DD</p> <p>MANDATORY MANDATORY MANDATORY</p> <p>Date of Birth _____ Social Insurance Number (SIN) _____ Country of Residency _____</p>																														

6 LWA Protection Service

CI will add the LWA Protection Service to ensure that withdrawals in your Income Class do not exceed your LWA.
 To remove this service please check here

7a Investment Directions

The fund code will determine the guarantee Class and sales charge option of the units.

Class	Contract Guarantee	Death Guarantee
Income	75%	100%
Estate	75%	100%
Investment	75%	75%

Please specify your PAC details in Section 8.

By making deposits into the Estate Class or Income Class you acknowledge having read the applicable sections of the Information Folder and Individual Variable Annuity Contract and agree to the applicable fees.

- Cheque in the amount of \$ AMOUNT
- Transfer \$ AMOUNT from another financial institution (INSTITUTION NAME) (T2033/T2151/TD2 attached)
- Transfer \$ AMOUNT from an existing CI account (CI ACCOUNT NUMBER)

Fund Code	Initial Sales Charge (if applicable)	Gross Amount \$ or %	PAC Amount \$ or %	Fund Code	Initial Sales Charge (if applicable)	Gross Amount \$ or %	PAC Amount \$ or %
	%				%		
	%				%		
	%				%		
	%				%		
	%				%		

7b Instruction for a Partial Transfer from an Existing CI Account

For Partial Transfers from an existing CI account please specify the details below:
 Transfer in amount AMOUNT

From CI Account Number	Fund Code	Amount to transfer from an existing CI Account \$ or %

Will this transfer be recurring annually? Yes No (If yes please specify the date that you wish the automatic transfer to occur)

Recurring Transfer Start Date Y Y Y Y / M M / D D

8 Pre-Authorized Chequing Plan

Please complete Section 10 and specify the fund breakdown in the PAC amount column in Section 7a.

- I choose to receive plan payment confirmations. (All Planholders receive annual statements detailing transactions in their Contract.)

PAC Amount

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

Payment Frequency (please select only one)

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

Payment Start Date

Y Y Y Y / M M / D D

Y Y Y Y / M M / D D

Signature(s)

Date:

Signature(s) required if Depositor(s) is (are) other than the Planholders(s) indicated in Section 3. For a joint bank account, all Depositors must sign if more than one signature is required on cheques issued against the account.

By signing you confirm the banking information provided in Section 10 and that you have read and agree to the PAC terms and conditions outlined at the front of this Application.

9 Automatic Withdrawal Plan (AWD)

Please review the AWD description in the front of this Application for assistance in completing this section.

Income Class withdrawals in excess of the annual LWA may have a negative impact on future LWA payments.

Payments above the LWA that will result in an Excess Withdrawal will not be processed if the LWA Protection Service is on.

Please see Section 6.

*If your Payment Start Date is prior to January 1 of the year the Annuitant (or, if a Second Life is designated, the younger of the Annuitant and the Second Life) turns 65 years of age and you would like to make the Age 55 LWA Election please complete the SunWise Essential Series Withdrawal Order Ticket and submit along with this Application Form.

If you have any questions about this section please contact CI Client Services 1-800-563-5181

Step 1 - Payment Type:						
Select one option, then complete the Payment Fund Breakdown and Payment Frequency, Start Date and Method sections below.						
a. <input type="radio"/> Lifetime Withdrawal Amount (LWA) - withdraw only from my Income Class						
b. <input type="radio"/> An annual amount of \$ _____ <input type="radio"/> Gross <input type="radio"/> Net of fees						
Select one option below and specify percent allocation:				Estate Class (%)	Investment Class (%)	Total
<input type="radio"/> LWA and remainder as follows: →						100%
<input type="radio"/> I am not taking LWA payments. Withdraw only from my Estate and/or my Investment Class as follows: →						100%
Step 2 - Payment Fund Breakdown: For each Class you indicated above, provide your fund breakdown. Use percentages only and ensure each Class you elect has a payment that totals 100%.						
Complete if you indicated in Step 1 that you are taking payments from Income Class (LWA).			Complete if you selected option b in Step 1. Be sure you have filled out the Class percent (%) allocation in Step 1 for the payment option chosen.			
Income Class (LWA) Fund Breakdown		Estate Class Fund Breakdown		Investment Class Fund Breakdown		
Fund Code	%	Fund Code	%	Fund Code	%	
Total	100%	Total	100%	Total	100%	
Step 3 - Payment Frequency, Start Date and Method:						
Payment Frequency (please select only one)				Payment Start Date*		
<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-Annually <input type="radio"/> Annually				Y Y Y Y / M M / D D		
Payment Method						
<input type="radio"/> Deposit directly to bank account (please complete Section 10)						
<input type="radio"/> Mail to Planholder's address on file						
<input type="radio"/> Mail to Planholder's alternate address (indicate address below)						
Address		City		Province	Postal Code	

10 Banking Information

Please complete for section 8 and/or 9 and attach a void cheque

Bank Account Owner(s) Name(s)		Bank Name	
Bank Number	Bank Transit Number	Bank Account Number	

11 Group TFSA

I certify that I am an employee of the company or association named in this section and hereby authorize such employer or association to deduct from my earnings and remit contributions to the CI Investments Group Plan (as indicated in Section 7a) and to assist in the administration of the Plan as my agent.

I understand that only the issuer has the authority to amend the arrangement and the ultimate responsibility for administering the arrangement lies with the issuer.

Group Company Name _____

Employee's Signature _____

12 Planholder Acknowledgement/ Authorization

The Planholder and Second Life (if applicable) must read and sign this Section

I declare that all statements and answers made by me on this Application are fully complete and true.
I hereby acknowledge having read the provisions contained in the "Sun Life Privacy Statement for Canada" and "CI Investment Privacy Statement for Canada", contained in this Application, and I hereby agree to them and hereby authorize Sun Life Assurance Company of Canada and CI Investments to obtain, use, and transmit to its agents and service providers, personal information about me for the purpose of the administration of this Contract.
I have requested that all documents be delivered to me in connection with this Contract be written in English. Je demande que tous les documents qui vous sont remis avec ce contrat soient rédigés en langue anglaise.
I acknowledge receipt of the Individual Variable Annuity Contract and Information Folder and the Fund Facts prior to signing the Application.

By completing the PAC section, I declare 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 outlined at the front of this Application.

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*.

Please ensure all mandatory sections have been completed.

MANDATORY Y Y Y Y / M M / D D

Planholders's Signature Date

Second Life's Signature (must be the spouse of the Annuitant) **MANDATORY** Y Y Y Y / M M / D D

Date

Signed At (City and Province) **MANDATORY** _____

Signature(s) required if transferring from a Joint Ownership Account where more than one signature is required in order to process a transaction on the account.

Y Y Y Y / M M / D D

Joint Owner(s) Signature Date

13 Representative's Acknowledgement

All advisors must read and sign this Section

I, the advisor, confirm that I have reviewed the details provided in this form with the Applicant/Policyholder 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.

MANDATORY Y Y Y Y / M M / D D

Representative's Signature Date

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

Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is the sole issuer of the individual variable annuity contract providing for investment in SunWise Essential Series segregated funds. A description of the key features of the applicable individual variable annuity contract is contained in the Information Folder. **Any amount that is allocated to a segregated fund is invested at the risk of the contract holder and may increase or decrease in value.** ©CI Investments and the CI Investments design are registered trademarks of CI Investments Inc. ©SunWise is a registered trademark of Sun Life Assurance Company of Canada.



Sun Life Assurance Company of Canada

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