

Sun Life Assurance Company of Canada

Tax-Free Savings Account Application Form - May 2009 - **Updated with CPA requirements**



SunWise® Elite
Segregated Funds

Including SunWise® Elite Plus

SunWise Elite 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 of the beneficiary must be to 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 the Annuitant, the contingent beneficiary, if still alive at the death of the Annuitant, shall receive that share of the death benefit.
- **the contingent beneficiary listed in section 4 applies to the primary beneficiary of the same row**
- 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, an administrator may be designated. 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 trustee/administrator herein shall refer to an administrator according to the Civil Code of Quebec.
- **if you name an irrevocable beneficiary you will limit certain rights you have unless obtain their signature. A parent or guardian or tutor cannot provide consent on behalf of a minor who has been named as irrevocable beneficiary.**

Optional Rider Election

- **by selecting any of the riders you acknowledge having read the applicable sections of the Information Folder and Contract and agree to the applicable fees.**

SunWise Elite Plus: Guaranteed Minimum Withdrawal Benefit (GMWB)

- the GMWB rider may be elected only prior to the annuitant's 80th birthday, or prior to the age limits defined in the contract. Investment selection and minimum premium deposit restrictions apply, please see your contract.

Payment Options

- **GWB Lifetime Option** – May be selected prior to Annuitant's 65th birthday but the LWA is only calculated on December 31 of the year in which the Annuitant turns 65. Guaranteed income under the GWB Lifetime Option ends upon the death of the LWA Annuitant. If a redemption is placed on or before December 31 of the year in which the Annuitant/LWA Annuitant turns 65, the payment option will be changed to the GWB Withdrawal Period Option.
- **GWB Withdrawal Period Option** – Guaranteed income under the rider ends: when the Remaining GWB is reduced to nil; when the contract is terminated; on the contract maturity date or upon the death of the last surviving annuitant.
- We will default to the GWB Withdrawal Period Option if a GMWB fund code is used and/or the GMWB rider is selected but a specific GWB Payment option is not indicated.

4% Annual Automatic Death Benefit Reset (Class B Units only)

- if this rider is elected, you will be replacing client selected resets on maturity and death benefit guarantees with the 4% annual automatic death benefit reset. This rider may only be elected at the time of this application.

Earnings Enhancement Benefit

- the Optional Earnings Enhancement Benefit (EEB) is offered as an enhancement to the Death Benefit described in the Contract. The EEB is available only for deposits made prior to the Annuitant's 75th birthday. If the EEB is elected, it will be applicable to all Class options under the Contract. This rider may only be elected at the time of this application.

Investments Direction

- **the fund code selected will determine the guarantee class and sales charge option of the units invested**
- a minimum of \$50 per fund is required for PACs.
- a GMWB Tax-Free Savings Account (TFSA) will be established if the value of this contract in combination with other GMWB contracts of which you are the owner meets the \$25,000 GMWB 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 6 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 Pre-Authorized Chequing Plan (PAC), you authorize CI Investments Inc. on behalf of Sun Life (CI) 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. 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.cdnipay.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 Withdrawal (AWD)

- withdrawals in excess of the annual GWA/LWA may have a negative impact on future guaranteed payments under the Guaranteed Minimum Withdrawal Benefit rider.

CI Investments Privacy Statements 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, 151 Yonge Street, Eighth Floor, Toronto, Ontario M5C 2W7. **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 Statements 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 call 1 877 SUN-LIFE (1 877 786-5433) and request that a copy of our Privacy Brochure be sent to you.

Class B (Combined Guarantee)
75% maturity/100% death

Class C (Basic Guarantee)
75% maturity/75% death

Fund Name	SunWise Elite		SunWise Elite Plus (GMWB)		SunWise Elite		SunWise Elite Plus (GMWB)	
	ISC	DSC	ISC	DSC	ISC	DSC	ISC	DSC
Global Equity Funds								
SWE CI Global Fund	7250	7050	7250P	7050P	7350	7830	7350P	7830P
SWE CI Global Value Fund	7251	7051	7251P	7051P	7351	7831	7351P	7831P
SWE CI International Value Fund	7252	7052	7252P	7052P	7352	7832	7352P	7832P
SWE CI Synergy Global Corporate Fund	7253	7053	7253P	7053P	7353	7833	7353P	7833P
SWE Fidelity NorthStar® Fund	7254	7054	7254P	7054P	7354	7834	7354P	7834P
SWE Trimark Select Growth Fund	7255	7055	7255P	7055P	7355	7835	7355P	7835P
SWE Dynamic Global Value Fund	7291	7091	7291P	7091P	7391	7871	7391P	7871P
SWE CI Harbour Foreign Equity Corporate Fund	7293	7093	7293P	7093P	7393	7873	7393P	7873P
SWE CI Global High Dividend Advantage Fund	7295	7095	7295P	7095P	7395	7875	7395P	7875P
SWE RBC O'Shaughnessy International Equity Fund	7297	7097	7297P	7097P	7397	7877	7397P	7877P
SWE CI Cambridge Global Equity Corporate Fund	7609	7659	7609P	7659P	7509	7559	7509P	7559P
Global Balanced & Asset Allocation Funds								
SWE CI International Balanced Fund	7257	7057	7257P	7057P	7357	7837	7357P	7837P
SWE Fidelity Global Asset Allocation Fund	7258	7058	7258P	7058P	7358	7838	7358P	7838P
SWE Trimark Global Balanced Fund	7259	7059	7259P	7059P	7359	7839	7359P	7839P
SWE CI Harbour Foreign Growth & Income Corporate Fund	7294	7094	7294P	7094P	7394	7874	7394P	7874P
SWE CI Signature Global Income & Growth Fund	7601	7651	7601P	7651P	7501	7551	7501P	7551P
SWE Northwest Growth & Income Fund	7602	7652	7602P	7652P	7502	7552	7502P	7552P
SWE Manulife Global Monthly Income Fund	7603	7653	7603P	7653P	7503	7553	7503P	7553P
U.S. Equity Funds								
SWE CI American Value Fund	7261	7061	7261P	7061P	7361	7841	7361P	7841P
SWE CI Synergy American Fund	7262	7062	7262P	7062P	7362	7842	7362P	7842P
SWE Fidelity Growth America Fund	7264	7064	7264P	7064P	7364	7844	7364P	7844P
Canadian Equity Funds								
SWE Trimark Canadian First Class Fund	7265	7065	7265P	7065P	7365	7845	7365P	7845P
SWE CI Canadian Investment Fund	7266	7066	7266P	7066P	7366	7846	7366P	7846P
SWE CI Harbour Fund	7267	7067	7267P	7067P	7367	7847	7367P	7847P
SWE CI Signature Select Canadian Fund	7268	7068	7268P	7068P	7368	7848	7368P	7848P
SWE CI Synergy Canadian Fund	7269	7069	7269P	7069P	7369	7849	7369P	7849P
SWE Fidelity True North® Fund	7270	7070	7270P	7070P	7370	7850	7370P	7850P
SWE RBC Canadian Dividend Fund	7298	7098	7298P	7098P	7398	7878	7398P	7878P
SWE CI Cambridge Canadian Equity Corporate Fund	7608	7658	7608P	7658P	7508	7558	7508P	7558P
Canadian Balanced Funds								
SWE CI Signature Canadian Balanced Fund	7272	7072	7272P	7072P	7372	7852	7372P	7852P
SWE CI Harbour Growth & Income Fund	7273	7073	7273P	7073P	7373	7853	7373P	7853P
SWE Fidelity Canadian Asset Allocation Fund	7274	7074	7274P	7074P	7374	7854	7374P	7854P
SWE CI Signature Income & Growth Fund	7276	7076	7276P	7076P	7376	7856	7376P	7856P
SWE Trimark Income Growth Fund	7277	7077	7277P	7077P	7377	7857	7377P	7857P
SWE CI Cambridge Canadian Asset Allocation Corporate Fund	7607	7657	7607P	7657P	7507	7557	7507P	7557P

Fund Name	Class B (Combined Guarantee) 75% maturity/100% death				Class C (Basic Guarantee) 75% maturity/75% death			
	SunWise Elite		SunWise Elite Plus (GMWB)		SunWise Elite		SunWise Elite Plus (GMWB)	
	ISC	DSC	ISC	DSC	ISC	DSC	ISC	DSC
Portfolio Series								
SWE Portfolio Series Balanced Fund	7278	7078	7278P	7078P	7378	7858	7378P	7858P
SWE Portfolio Series Conservative Fund	7279	7079	7279P	7079P	7379	7859	7379P	7859P
SWE Portfolio Series Income Fund	7280	7080	7280P	7080P	7380	7860	7380P	7860P
SWE Portfolio Series Balanced Growth Fund	7281	7081	7281P	7081P	7381	7861	7381P	7861P
SWE Portfolio Series Conservative Balanced Fund	7282	7082	7282P	7082P	7382	7862	7382P	7862P
SWE Portfolio Series Growth Fund	7283	7083	7283P	7083P	7383	7863	7383P	7863P
SWE Portfolio Series Maximum Growth Fund	7284	7084	7284P	7084P	7384	7864	7384P	7864P
Bundles								
SWE CI Harbour Core Bundle	7612	7662	7612P	7662P	7512	7562	7512P	7562P
SWE CI Harbour Balanced Bundle	7613	7663	7613P	7663P	7513	7563	7513P	7563P
SWE CI Cambridge Core Bundle	7621	7671	7621P	7671P	7521	7571	7521P	7571P
SWE CI Cambridge Balanced Bundle	7622	7672	7622P	7672P	7522	7572	7522P	7572P
SWE CI Signature Core Bundle	7614	7664	7614P	7664P	7514	7564	7514P	7564P
SWE Fidelity Disciplined Core Bundle	7623	7673	7623P	7673P	7523	7573	7523P	7573P
SWE Dynamic Core Bundle	7624	7674	7624P	7674P	7524	7574	7524P	7574P
Quotential Portfolios								
SWE Franklin Templeton Quotential Diversified Income Portfolio	9429	9929	9429P	9929P	9449	9949	9449P	9949P
SWE Franklin Templeton Quotential Balanced Income Portfolio	9430	9930	9430P	9930P	9450	9950	9450P	9950P
SWE Franklin Templeton Quotential Balanced Growth Portfolio	9431	9931	9431P	9931P	9451	9951	9451P	9951P
SWE Franklin Templeton Quotential Global Balanced Portfolio	9432	9932	9432P	9932P	9452	9952	9452P	9952P
SWE Franklin Templeton Quotential Growth Portfolio	9433	9933	9433P	9933P	9453	9953	9453P	9953P
SWE Franklin Templeton Quotential Canadian Growth Portfolio	9434	9934	9434P	9934P	9454	9954	9454P	9954P
SWE Franklin Templeton Quotential Global Growth Portfolio	9435	9935	9435P	9935P	9455	9955	9455P	9955P
SWE Franklin Templeton Quotential Maximum Growth Portfolio	9436	9936	9436P	9936P	9456	9956	9456P	9956P
Income Funds								
SWE CI Signature Canadian Bond Fund	7285	7085	7285P	7085P	7385	7865	7385P	7865P
SWE CI Signature Corporate Bond Corporate Fund	7611	7661	7611P	7661P	7511	7561	7511P	7561P
SWE CI Signature Dividend Fund	7288	7088	7288P	7088P	7388	7868	7388P	7868P
SWE CI Signature High Income Fund	7289	7089	7289P	7089P	7389	7869	7389P	7869P
SWE TD Canadian Bond Fund	7296	7096	7296P	7096P	7396	7876	7396P	7876P
Money Market Funds								
SWE CI Money Market Fund	7290	7090	7290P	7090P	7390	7870	7390P	7870P



SunWise® Elite Including SunWise® Elite Plus
Individual Variable Annuity Contract
Tax-Free Savings Account (TFSA) Application Form



1 Contract Number (if available)	SunWise Elite Contract Number _____ Distributor's Account Number _____																																													
2 Distributor and Representative Information	Distributor's Name _____ Representative's Name _____ _____ Distributor Number _____ Representative Number _____ Telephone Number _____ E-mail Address _____ Training Supervisor's signature (Quebec Only) <input checked="" type="checkbox"/> _____																																													
3 Planholder Information The planholder is required to be the annuitant	<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 Language Preference <input type="radio"/> English <input type="radio"/> French _____ Planholder's Name (last, first, middle) _____ Planholder's Address _____ City or Town _____ Province _____ _____ Postal Code _____ Residence Telephone Number _____ Planholder's E-mail Address _____ YYY Y / MM / DD _____ MANDATORY _____ MANDATORY _____ MANDATORY _____ Date of Birth _____ Social Insurance Number (SIN) _____ Country of Residency _____																																													
4 Beneficiary Designation 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 <input type="radio"/> I have attached a letter of direction with additional/alternate/irrevocable beneficiary instructions.	<table border="1" style="width:100%; border-collapse: collapse;"> <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:25%;">Contingent Beneficiary Name(s)</th> <th style="width:25%;">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>100%</td> <td colspan="2"> </td> </tr> <tr> <td colspan="2">EEB Beneficiary: _____ (if different from above)</td> <td> </td> <td colspan="2">See section 5 to elect EEB Rider.</td> </tr> <tr> <td colspan="5">EEB Beneficiary Relationship to Planholder: _____</td> </tr> <tr> <td colspan="5">Name of Trustee(s) appointed for minor beneficiary(ies) (except in Quebec) _____</td> </tr> </tbody> </table>	Primary Beneficiary Name(s)	Relationship to Annuitant	Share (%)	Contingent Beneficiary Name(s)	Relationship to Annuitant																					Total		100%			EEB Beneficiary: _____ (if different from above)			See section 5 to elect EEB Rider.		EEB Beneficiary Relationship to Planholder: _____					Name of Trustee(s) appointed for minor beneficiary(ies) (except in Quebec) _____				
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5 Optional Riders By selecting any of these riders you acknowledge having read the applicable sections of the Information Folder and Individual Variable Annuity Contract and agree to the applicable fees. * We will default to the GWB Withdrawal Period Option if a GMWB fund code is used and/or the GMWB rider is selected but a specific GWB Payment option is not indicated.	SunWise Elite Plus Guaranteed Minimum Withdrawal Benefit (GMWB) Payment Options - please select one* <input type="radio"/> GWB Lifetime Option (LWA) <input type="radio"/> GWB Withdrawal Period Option (GWA) <input type="radio"/> 4 % Annual Automatic Death Benefit Reset Rider (Class B units only) <input type="radio"/> Earnings Enhancement Benefit (EEB) Rider Please see the front of this application for the minimum investment amounts and the age restrictions for electing the riders.																																													

6a Investment Directions

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

Class	Deposit Maturity Guarantee	Death Guarantee
B	75%	100%
C	75%	75%

Please specify your PAC or AWD amount in Section 7 and 8 as applicable.

To elect the SunWise Elite GMWB rider, the fund code must end with a 'P'.

- Cheque in the amount of _____ **AMOUNT**
- Transfer from another financial institution _____ **(INSTITUTION NAME)** **AMOUNT**
- Transfer from an existing CI account _____ **(ACCOUNT NUMBER)** Full Transfer Partial Transfer (Please complete 6b)

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

6b 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** _____

Instructions for Partial Transfers from an existing CI Account

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

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

Reoccurring Transfer Start Date **Y Y Y Y / M M / D D** _____

7 Pre-Authorized Chequing Plan (PAC) Details

Please complete section 9 and specify the fund breakdown in the PAC amount column in section 6a.

PAC Amount

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

Payment Frequency (please select only one)

Weekly Bi-weekly Monthly Bi-monthly **Y Y Y Y / M M / D D** _____

Quarterly Semi-Annually Annually **Payment Start Date**

Y Y Y Y / M M / D D _____

Signature(s)

Date:

Signature(s) required on a joint bank account if all Depositors signatures are required on a cheque issued against the account. By signing you confirm that you have read and agree to the PAC terms and conditions outlined at the front of this application.

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

8 Automatic Withdrawal Plan (AWD) Details

* Withdrawals in excess of the annual GWA/LWA may have a negative impact on future guaranteed payments under the Guaranteed Minimum Withdrawal Benefit Rider.

Please complete section 9 and specify the fund breakdown in the AWD amount column in section 6a.

AWD Amount (please select only one)

An annual amount of \$ _____ Gross or Net of fees*

The annual GWA/LWA (for SunWise Elite Plus Planholders only)

Payment Frequency (please select only one)

Weekly Bi-weekly Monthly Bi-monthly **Y Y Y Y / M M / D D** _____

Quarterly Semi-Annually Annually **Payment Start Date**

AWD Payment Method (please select only one)

Deposit directly to bank account

Mail to Planholder at address on file

Mail to alternate address (Indicate address below)

Address

City

Province

Postal Code

9 Banking Information

Please complete for section 7 and/or 8 and attach a void cheque

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

10 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 6a) 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 _____

11 Planholder Acknowledgement/Authorization

The Planholder must read and sign this Section

I, the Planholder, 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 Statements for Canada" and "CI Investments Privacy Statements for Canada", contained in this Application, and I hereby agree to them.

I have requested that this Application Form be drafted in the English language only. J'ai demandé que le présent formulaire de demande soit rédigé uniquement en anglais.

I, the Planholder, acknowledge receipt of the Individual Variable Annuity Contract and Information Folder and the financial highlights of the Funds prior to signing the Application.

By completing the PAC section, I the planholder 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.

Will this Contract replace or cause a change in, or involve a loan under, any insurance or annuity policy on the Annuitant's life or owned by the Planholder?

Yes No If yes, please complete the information below:

Company and plan: _____

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*.

Planholder's Signature **X** MANDATORY _____ Date Y Y Y Y / M M / D D _____

Signature of Witness **X** MANDATORY _____ 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.

Joint Owner(s) Signature _____

12 Representative's Acknowledgement

The 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 company 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.

Representative's Signature **X** MANDATORY _____ Date Y Y Y Y / M M / D D _____

SUBJECT TO ANY APPLICABLE DEATH AND MATURITY GUARANTEES, 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.

SWE TFSA 2-10_E



SunWise® & SunWise® Elite Segregated
Funds Limited Trading Authorization



Part A: Policy owner information and identification

			Gender: <input type="radio"/> Male <input type="radio"/> Female
Owner Last Name	First Name	Middle Initial	MANDATORY
			Social Insurance Number
Address of Owner	City	Province	Postal Code

Part B: Type of transactions and identification of insurance company

Through the use of this Limited Trading Authorization ("Trading Authorization"), you are authorizing your representative named below (the "Representative"), to instruct Sun Life Assurance Company of Canada (the "Company") on your behalf to process: (a) new premium deposits, (b) resets, (c) transfers between Funds offered under the Contract with a maximum transfer fee of 2%, (d) changes to the target asset allocation for the Portfolio Rebalancing Service option, and (e) renewals (the "Permitted Transactions") in respect of your SunWise individual variable annuity contracts. However, the Representative is prohibited from conducting discretionary trading on your behalf, that is, providing the Company with any such instructions on your behalf without in each case obtaining your prior specific authorization, and nothing in this form gives the Representative that authority. You are required to read the General Provisions of this Trading Authorization and sign the acknowledgement where indicated. Without such signed acknowledgement, this Trading Authorization may not be acted on.

Part C: Authorization

1. I authorize _____ (name of representative) as my representative to give instructions to the Company by any means acceptable to the Company, on my behalf, and to sign any relevant documents associated with the Permitted Transactions on my behalf in accordance with my specific instructions for each transaction.
2. I acknowledge that on receipt by the Company of the original of this Trading Authorization, the Company may rely on this Trading Authorization to carry out any Permitted Transactions requests on my behalf. I will pay any applicable fees or charges payable to the Company as a result of such transactions. I further acknowledge that in providing instructions to the Representative and the Company pursuant to this Trading Authorization, I have the same rights and obligations as I would have had, had I directly provided written instructions to the Representative or the Company. I hereby agree to indemnify and hold harmless the Company from and against any claims, demands or actions that might be made by me or my heirs, executors and/or administrators as a result of the Company acting on instructions provided pursuant to this Trading Authorization.
3. This Trading Authorization is valid until it expires or until I revoke it in writing addressed to the Company in accordance with the General Provisions.
4. This Trading Authorization is not intended to be a continuing power of attorney for property ("CPOA") within the meaning of and governed by the Substitute Decisions Act (Ontario), or any similar power of attorney under equivalent legislation in any of the provinces or territories of Canada. The execution of this Trading Authorization shall not terminate any such CPOA granted by me previously and shall not be terminated by the execution by me in the future of a CPOA.
5. Unless otherwise specifically provided, this Trading Authorization is not intended to supersede or replace any other power of attorney granted by me to anyone other than to the Representative in respect of my SunWise individual variable annuity contracts.
6. Until revoked, this Trading Authorization is authorized for the use with respect to all current and future segregated fund policies owned by me with the Company.

	Y Y Y Y / M M / D D
Signature of Policy Owner	Date

Part D: Representative Acknowledgement

I _____ acknowledge that I have reviewed this Trading Authorization and the General Provisions with the policy owner and witnessed the policy owner's signature above and below. I further acknowledge that only transactions specifically authorized by the policy owner under this Trading Authorization may be carried out on behalf of the policy owner.
I agree to act in compliance with the terms of this Trading Authorization. I undertake to fully indemnify and make the Company whole and hold it harmless in the event of non-compliance with this Trading Authorization on my part.

	DEALER/REP CODE	Y Y Y Y / M M / D D
Signature of Representative	Representative dealer/rep code	Date

Part E: General Provisions - Before granting this trading authorization, you should consider the following:

- | | |
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| <ol style="list-style-type: none"> 1. When you sign this Trading Authorization, you are authorizing the Representative you named on this form to transact the Permitted Transactions on your behalf, in accordance with your specific instructions. 2. This Trading Authorization allows the Representative to instruct the Company with respect to the Permitted Transactions on your behalf. The Representative may only act on specific instructions given by you for each transaction and is required to retain your instructions for each transaction in his/her records. The Company can rely on this Trading Authorization and assume that the Representative named on this form is acting on your behalf and has the proper authority to do so. 3. Please keep a record of all instructions you give the Representative. Please also check your confirmations to ensure that the transactions correspond to your instructions. Contact the Representative if you have any questions. 4. The Representative will go over this entire form with you before you sign it and answer any questions you may have. 5. You may revoke this Trading Authorization on written notice to the Company. 6. This Trading Authorization will expire immediately on the Company having received any of: <ul style="list-style-type: none"> • notice of your death; • written notice to or receipt of evidence by the Company of your mental incapacity or bankruptcy; • a change in the Representative of record on your policy(ies); • the bankruptcy of the Representative; or • the execution of a new Trading Authorization. | <ol style="list-style-type: none"> 7. Unless it is revoked by you in writing or it expires as per 6 above, this Trading Authorization will continue to be in full force and effect. 8. This Trading Authorization may be revoked on receipt of any new power of attorney in respect of your SunWise individual variable annuity contract executed by you after the signing of this Trading Authorization. 9. This Trading Authorization supersedes and replaces any other Trading Authorization, limited power of attorney or power of attorney you have previously granted to the Representative with respect to your SunWise individual variable annuity contracts held with the Company. Unless otherwise specified, this Trading Authorization DOES NOT supersede or replace any other power of attorney you may have granted in respect of anything other than your SunWise individual variable annuity contracts. 10. The Company, in its sole discretion, may refuse to accept or process transactions under this Trading Authorization. 11. Unless otherwise stated, capitalized terms used in these General Provisions have the meanings defined in this Trading Authorization. 12. This Trading Authorization does not apply and cannot be used in relation to policies that contain an irrevocable beneficiary. |
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I acknowledge that I have read, understood and accept the above General Provisions concerning the use of this Trading Authorization.

SWE TFSA 2-10_E

	Date Y Y Y Y / M M / D D
Signature of Policy Owner	Date

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 Elite segregated funds. A description of the key features of the applicable individual variable annuity contract is contained in the Information Folder. **SUBJECT TO ANY APPLICABLE DEATH AND MATURITY GUARANTEES, 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 ACCORDING TO FLUCTUATIONS IN THE MARKET 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. *Trimark and all associated trademarks are trademarks of Invesco Trimark Ltd. ®Fidelity Investments and the Fidelity design are registered trademarks of FMR Corp. ®RBC Asset Management is a registered trademark of Royal Bank of Canada. ™TD Asset Management is a trademark of The Toronto-Dominion Bank, used under licence. Franklin Templeton Investments, Franklin Templeton Investments Quotential Program and/or Franklin Templeton Investments and design are registered trademarks of Franklin Templeton Investments Corp.



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