RETIREMENT SAVINGS PLAN
FINANCIAL CHANGE AUTHORIZATION

Sun Life Financial

EMPLOYEE DATA
PAGE 1

INSTRUCTIONS TO COMPLETE THIS FORM:

- Sections 1, 2 & 3 must be completed in all cases.
- To transfer assets presently in your account, complete section 4.
- To change allocation of future contributions, complete section 5.
- To stop contributions or to change rate of contribution, complete section 6.
- To make changes to spousal account - complete Page 2 (reverse side of this form).
- Changes of allocation and transfers between funds can be made only in accordance with the terms of the plan.

POLICY NO. - G

1. PLAN SPONSOR DATA

NAME | PAYROLL NO. | CLIENT ID.

2. EMPLOYEE DATA

NAME (surname, given name & initials) | MEMBER NO. *

* If the member number is my social insurance number, I authorize the use of this number for tax reporting, identification and the administration of my benefits.

3. CHANGES TO ACCOUNT

I would like all changes applied to:

☐ my own personal RRSP account (complete this page) ☐ my spousal RRSP account (spouse must complete page 2)

4. TRANSFER ASSETS CURRENTLY IN YOUR ACCOUNT

I hereby request Sun Life Assurance Company of Canada to transfer funds: ☐ As a transfer between funds

OR **ONE BOX MUST BE CHECKED**

☐ As the funds mature

- TRANSFER FROM ☐ my entire account balance to the funds indicated below

OR

☐ only the funds indicated

FROM FUND	ALL or $ or %	TO FUND	ALL or $ or %
			100%

Foreign content legislation does not currently apply to insurance company segregated funds. As a result, legislation does not limit foreign content investment to 30%. New legislation regarding foreign content limits is pending and may include remedial action for accounts which exceed the threshold. Sun Life Assurance Company of Canada will communicate the details of the new legislation to its Plan Members and Plan Sponsors as the information becomes available.

This transfer applies to: ☐ Member balances ☐ Employer balances ☐ Both

5. FUND ALLOCATION OF FUTURE CONTRIBUTIONS TO YOUR ACCOUNT

I hereby request Sun Life Assurance Company of Canada to allocate future contributions to the Plan as follows:

FUND NAME	MEMBER CONTRIBUTIONS	EMPLOYER CONTRIBUTIONS (if applicable)
	%	%
	%	%
	%	%
	%	%
	%	%
TOTAL	100%	100%

Percentages must be in whole numbers and must total 100%. This instruction applies to all current and future contributions until changed.

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6. PAYROLL DEDUCTION AUTHORIZATION

☐ I hereby authorize my Employer to deduct $/%_____per pay to be deposited to: ☐ my own account ☐ my spousal account

☐ I hereby authorize my Employer to redirect future contributions as follows: $/%_____my own account $/%_____my spousal account

☐ I hereby request my Employer to cease deductions from my pay.

DATE _____ *** SIGNATURE OF MEMBER** _____
(SIGNATURE MUST BE PROVIDED)

Please contact me at ( )_____ - _____if clarification of any requested changes is required.