Request to withdraw funds

Sun Life Financial

Please PRINT clearly.

Return completed form to the appropriate office of:
Sun Life Assurance Company of Canada, Group Retirement Services

Plan Sponsor information

Name of Plan Sponsor	Client ID	Plan

Personal information

Your name (first, middle initial, last)			Account number
Address (street number and name, apartment or suite)	City	Province	Postal Code

Telephone number (day)	Telephone number (evening)	E-mail address
( )	( )	

Withdrawal information

Complete either section 1 or 2.

1. Leaving the plan on:

Date (d / m / y)

❑ Termination of employment ❑ Retirement

Your plan sponsor will need to complete the contribution information and sign section 1.

All contributions have been remitted to Sun Life Financial: ❑ Yes ❑ No

If no, indicate date the last contribution is scheduled to be remitted: Date (d / m / y)

Plan Sponsor signature	Date (d / m / y)
X	

Upon receipt of this notice, a package will be sent to you providing all of the benefit options available to you.

2. Withdrawal while employed:

I request a withdrawal from the following product (if permitted under the terms of the plan):

Select only one product per withdrawal request.

❑ RRSP ❑ Spousal RRSP ❑ DCPP (voluntary contributions only) ❑ Non-registered plan ❑ EPSP

Note: For a direct deposit, attach an original VOID cheque to this request. If an original VOID cheque is not included with the request, the payment will be issued in the form of a cheque.

Cash payments will be net of any required withholding tax.

Type of withdrawal:
- ❑ Cash (withholding tax and/or withdrawal fee may apply)
  - ❑ Direct deposit to your bank account.
- ❑ Transfer (attach the applicable transfer form)

Amount of withdrawal:
- ❑ Withdraw all available assets in the selected product
- ❑ Withdraw $ _____ (gross) or _____ % from the selected product
- ❑ Withdraw amounts from specific funds in the selected product as indicated below:

Dollar amount (gross)	Percentage	Fund name
$ _____	_____ %	_____
$ _____	_____ %	_____
$ _____	_____ %	_____

Note: Authorization from your plan sponsor is required if there are any withdrawal restrictions under the plan.

Plan Sponsor signature	Date (d / m / y)
X	

Your signature of authorization

Account owner signature	Date (d / m / y)
X	

Group Retirement Services are provided by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.