

RETIREMENT SAVINGS PLAN REQUEST TO WITHDRAW FUNDS



1. PLAN SPONSOR DATA

| | | |
|------|------------|-------------------------|
| NAME | CLIENT ID. | POLICY NO. -G |
|------|------------|-------------------------|

2. MEMBER DATA

| | | |
|---------------------------------------|--------------|----------------------|
| NAME (surname, given name & initials) | MEMBER NO. * | SOCIAL INSURANCE NO. |
| HOME ADDRESS | | POSTAL CODE |

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

3. SPOUSE DATA (if withdrawal from spousal plan)

| | |
|--------------------------------|------------------------|
| SURNAME, GIVEN NAME & INITIALS | # SOCIAL INSURANCE NO. |
|--------------------------------|------------------------|

I authorize the use of my social insurance number for tax reporting, identification and the administration of my benefits.

4. ELECTION - COMPLETE A OR B AND THEN COMPLETE SECTION 5.

A. TERMINATION OF SERVICE

DATE OF TERMINATION _____ (day/month/year)

ALL CONTRIBUTIONS REMITTED? YES NO

IF NO, THE PAYMENT WILL NOT BE PROCESSED UNTIL ALL OUTSTANDING CONTRIBUTIONS ARE RECEIVED.

DATE OF LAST CONTRIBUTION TO SUN LIFE ASSURANCE COMPANY OF CANADA _____ (day/month/year)

PLEASE COMPLETE BOX 5. FOR THE PAYOUT INSTRUCTIONS

B. PARTIAL WITHDRAWAL OF FUNDS

I hereby request Sun Life Assurance Company of Canada, in accordance with the terms of the plan, to withdraw the following amounts from the Funds indicated below and to follow the payout instruction given in Box 5. (Partial withdrawals should be indicated by whole dollar amounts or whole percentages.)

| FUND NAME | \$ or % | |
|-----------|---------|---|
| _____ | _____ | % |
| _____ | _____ | % |
| _____ | _____ | % |
| _____ | _____ | % |
| _____ | _____ | % |
| _____ | _____ | % |
| _____ | _____ | % |

(NOTE: Cash payments will be net of required withholding tax)

5. PAYOUT INSTRUCTIONS

| | NON LOCKED IN FUNDS | LOCKED IN FUNDS | |
|-------------------------|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | SEND ME INFORMATION ABOUT RETIREMENT / SAVINGS PLAN OPTIONS OFFERED BY SUN LIFE ASSURANCE COMPANY OF CANADA, MY PHONE NUMBER IS (_____) NOTE: FOR IMMEDIATE ASSISTANCE, CALL YOUR PLAN ADMINISTRATOR AT SUN LIFE ASSURANCE COMPANY OF CANADA. |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | TRANSFER MY FUNDS TO AN RRSP (ATTACH T2033) |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | PAY FUNDS IN CASH (LESS FEDERAL/PROVINCIAL TAXES) |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | TRANSFER MY FUNDS TO A LOCKED-IN-RRSP OR LIRA (ATTACH T2033 AND LOCKED-IN TRANSFER FORM) |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | PURCHASE AN ANNUITY (ATTACH REQUEST FOR QUOTATION OR T2037 FORM). |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | TRANSFER MY FUNDS TO A LIFE INCOME FUND (IF AVAILABLE UNDER LEGISLATION) (ATTACH T2033 AND LOCKED-IN TRANSFER FORM) |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | TRANSFER MY FUNDS TO A REGISTERED RETIREMENT INCOME FUND (ATTACH T2033) |
| PROCESS THE ABOVE WITH: | | | <input type="checkbox"/> SUN LIFE ASSURANCE COMPANY OF CANADA <input type="checkbox"/> ANOTHER FINANCIAL INSTITUTION |

DATE _____ * SIGNATURE OF MEMBER _____

DATE _____ # SIGNATURE OF SPOUSE (if spousal RRSP plan) _____

DATE _____ AUTHORIZED SIGNATURE OF EMPLOYER _____