

# Application for direct transfer of assets

Use this form for transfer of registered and non-registered plan assets from another financial institution to Sun Life Financial.

**Instructions for annuitant/owner** (The term "annuitant" means the person who is entitled to receive payments from the plan.)

Complete sections 1, 2, 3 and 6.  
Forward the signed form to the financial institution currently holding the assets.

**Instructions for relinquishing institution** (financial institution currently holding the assets)

Complete section 5 and return the form to Sun Life Financial at the address indicated below, along with a cheque for deposit into the annuitant/owner's account.

Tick the box, opposite, for the location of the Sun Life Financial office that services your account so that the transferor can send your transfer to the correct location.

- Waterloo: PO Box 2025 Stn Waterloo, Waterloo ON N2J 0B4  
 Montreal: PO Box 11001 Stn CV, Montreal QC H3C 3P3

Please PRINT clearly.

## 1 Owner/annuitant identification

\*Your Social Insurance Number is used for administrative purposes so that information on this form is applied to your account.

First name	Middle initial	Last name	
Date of birth (dd-mm-yyyy)	Social Insurance Number*		
Address (street number and name)			Apartment or suite
City	Province	Postal code	Telephone number (day)
Email address			Telephone number (evening)

## 2 Direction to relinquishing institution

Relinquishing institution name			
Address (street number and name)			Suite
City	Province	Postal code	Telephone number
Plan name			Group plan number (if applicable)

Transfer all assets as at date of transfer.      or       Transfer \$ \_\_\_\_\_.

**From my:**

- RRSP/LIRA     DCPP     DPSP     EPSP     NREG     TFSA     RRIF/LIF/LRIF/PRIF

If transfer is from more than one source, complete a separate form for each source product.

**As a lump sum transfer to my plan with Sun Life Financial:**

Plan sponsor name	Client ID <b>C0</b>	My account number
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## 3 Authorization

I hereby request the transfer of my investments as described above. I authorize the liquidation of all or part of my investments and agree to pay any applicable fees, charges or adjustments.

Signature of annuitant/owner X	Date (dd-mm-yyyy) - -
Signature of irrevocable beneficiary/former spouse (if applicable) X	Date (dd-mm-yyyy) - -

**4 Locked-in confirmation**

Sun Life Financial acknowledges that the assets to be transferred may be subject to restrictions regarding locked-in or non-registered funds, and confirms that the funds will continue to be administered in accordance with the applicable legislation.

**5 Certification by relinquishing institution**

Return the completed form along with a cheque for deposit into the owner's account.

Transferred assets must be sent in cash (not in kind).

**Do not issue a T4RSP, T4RIF or T4A for the amount transferred.**

I confirm that \$ \_\_\_\_\_ is transferred as directed in section 2.

Locked in amount \$	Pension jurisdiction	Pre amount \$	Post amount \$
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**If the transfer is from a RRSP, complete the following:**

Has the annuitant's spouse ever contributed amounts to the RRSP?  No  Yes, please provide:

Spouse's first name	Last name	Social insurance number
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**If the transfer is from a RRIF, complete the following:**

Is the transfer from a qualifying RRIF?  Yes  No

Does the RRIF include amounts transferred from an RRSP to which the annuitant's spouse or common-law partner has contributed?  Yes  No

Note: A RRIF carrier that makes a direct transfer under subsection 146.3(14.1) or paragraph 146.3(2)(e) has to pay the annuitant the minimum amount for the year.

I certify that the information in this section is true, correct and complete.

Name of institution	
Signature of authorized person X	Date (dd-mm-yyyy) - -

**6 Allocation instructions for transferred assets**

- Deposit to the same funds used for allocation of contributions under the above plan, or
- Deposit as indicated below:

Indicate the fund names and percentages for deposit of this transfer. If no direction is provided, the transfer will be deposited according to the direction used for allocation of contributions under the plan with Sun Life Financial.

Fund name(s)	Percentage
	%
	%
	%
<b>Total 100%</b>	
Signature of annuitant/owner X	Date (dd-mm-yyyy) - -

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