

# Lump sum contribution form



**Return the completed form to:**

Sun Life Financial, Group Retirement Service

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

Please PRINT clearly.

Nota : La version française de ce document est également disponible.

## 1 Plan sponsor and personal information

Name of plan sponsor			Client ID	Plan
First name		Middle initial	Last name	
Social Insurance Number*		Account number		Telephone number (day)
Email address		Telephone number (evening)		

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

## 2 Contribution information

Make cheque payable to Sun Life Assurance Company of Canada.

Contribution amount of attached cheque is \$ \_\_\_\_\_.

Deposit this cheque to my:

- RRSP
- NREG\*
- TFSA

\*As of June 23, 2008, the Proceeds of Crime (Money Laundering) and Terrorist Financing Act (PCMLTFA) and regulations require financial institutions such as Sun Life Assurance Company of Canada to verify the identity of customers of non-registered products who make lump sum payments. If required, Sun Life Financial may request supporting documentation from you to verify your identity in compliance with PCMLTFA.

<input type="checkbox"/> Spousal RRSP	Spouse's first name	Spouse's last name
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## 3 Allocation of your contribution

This section is to be completed by you for your own RRSP, Non-registered plan or TFSA, or by your spouse for a Spousal RRSP.

Provide the exact fund names for the allocation of your deposit. Refer to your account statement or sign in to Sun Life Financial's Plan Member Services website at [www.mysunlife.ca](http://www.mysunlife.ca) for the investments available under your plan.

If this information is not completed, this contribution will be invested according to the most recent direction for allocation of your contributions.

I request Sun Life Assurance Company of Canada to allocate this lump sum contribution to the plan as follows:

Fund Name	Percentage
	%
	%
	%
	%
	%
	%
	%
	%
	%
<b>Total</b>	<b>100 %</b>

## 4 Your authorization

Your signature X	Date (dd-mm-yyyy) _ _
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For Spousal RRSP:  
Authorization for allocation of contribution

Spouse's signature X	Date (dd-mm-yyyy) _ _
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Group Retirement Services are provided by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.