

Automatic Cheque Plan (ACP) enrolment form



Return the completed form to:
Sun Life Financial, Group Retirement Services
PO Box 2025 Stn Waterloo, Waterloo ON N2J 0B4

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 C0	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 Product selection

Complete a separate form for each product.

Deposit my contributions to the following product. Check only one:

- RRSP
 Spousal RRSP
 Non-registered plan *
 Tax-Free Savings Accounts (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 set up an Automatic Cheque Plan (ACP). If required, Sun Life Financial may request supporting documentation from you to verify your identity in compliance with PCMLTFA.

3 Automatic Cheque Plan (ACP) enrolment information

I authorize Sun Life Assurance Company of Canada (Sun Life) to withdraw payments from my bank account indicated below and will notify Sun Life immediately of any change in my account information. I confirm all people whose signatures are required to authorize withdrawals on the bank account indicated have signed this section. The ACP amount is to be invested according to the investment instructions previously provided. All Automatic Cheque Plans will be processed as personal under the Canadian Payments Association rules (this means I have 90 calendar days from the date any payment is processed to claim reimbursement for any unauthorized payment). I understand I may obtain a sample cancellation form or further information on my right to cancel this ACP agreement at my financial institution or by visiting www.cdnpay.ca.

I agree to waive the requirement that Sun Life notify me of this authorization before the first payment and subsequent payments are processed as well as any changes to the amount or date of the payment initiated by me. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this ACP agreement. For more information on my right to terminate the ACP agreement or my recourse rights, I may contact my financial institution or visit www.cdnpay.ca. I also understand a \$25 fee will be charged for any automatic cheques returned for insufficient funds.

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3 Automatic Cheque Plan (ACP) enrolment information (cont'd)

Please select a payment schedule.
Check only one:

Annual
 Semi-annual
 Quarterly
 Monthly
 Bi-weekly

*Subject to a minimum contribution of \$50 per month.
Note: if the date you choose falls on a weekend or holiday, the transaction will be made on the next business day.
If you choose to contribute through ACP to more than one product, the start date and the banking information must be the same.

ACP amount * \$	Start date (dd-mm-yyyy) _ _
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Type of bank account	
<input type="checkbox"/> Chequing	<input type="checkbox"/> single
<input type="checkbox"/> Savings	<input type="checkbox"/> joint

Signature of accountholder X

Date (dd-mm-yyyy) _ _

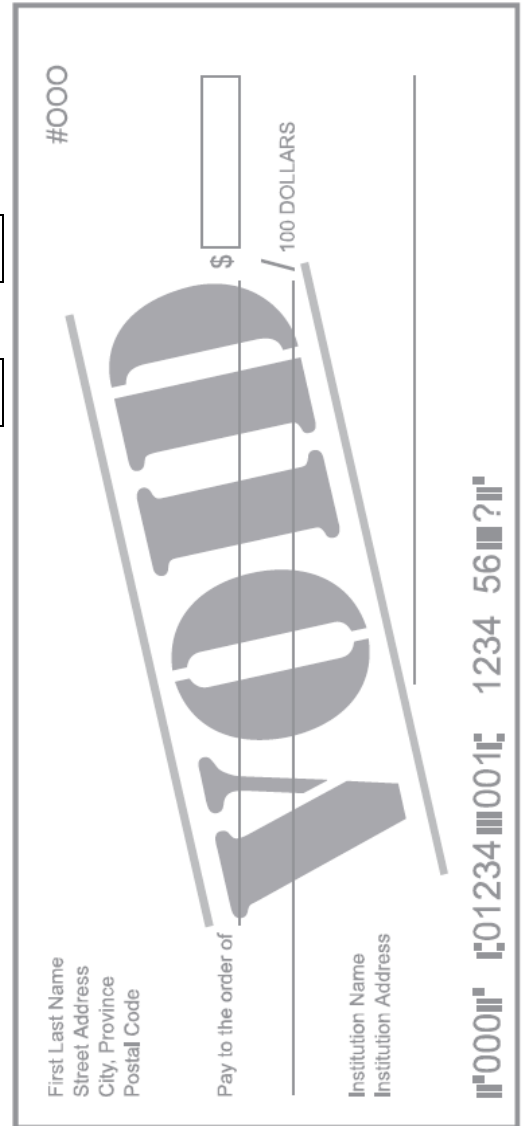
If joint accountholder is applicable:

Signature of joint accountholder X

Date (dd-mm-yyyy) _ _

- **Place an original voided cheque here >>>**
- **TAPE the cheque along the side edge**

If your personal information is not pre-printed on the cheque, or you do not have a voided cheque, please provide proof of account ownership from your bank. Proof of account ownership must be provided on banking institution letterhead or banking form, it must include your name and it must be stamped by the banking institution.



4 Authorization

Your 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.