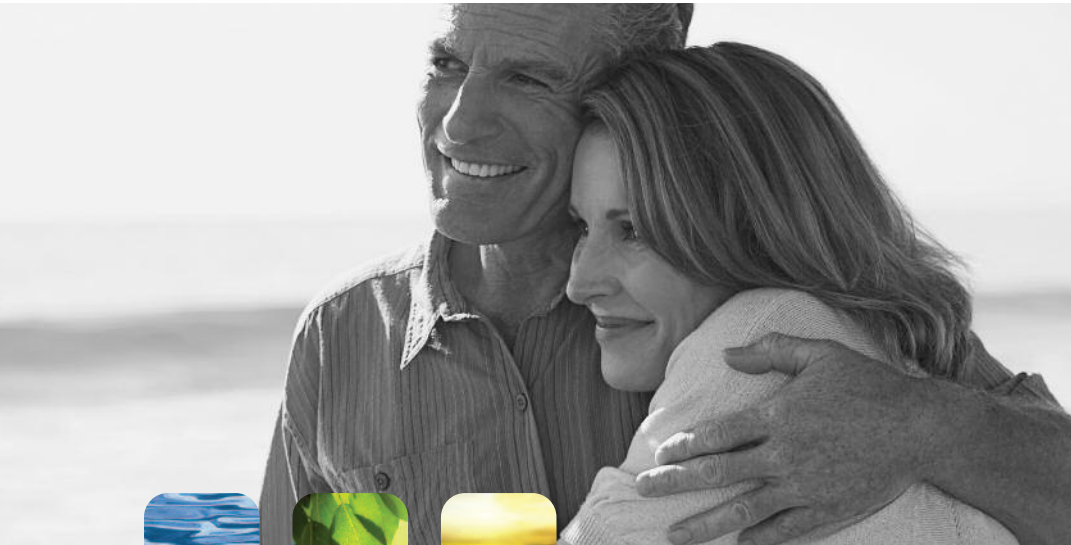


Sun Life Assurance Company of Canada

Application Form - September 2010



SunWise
EssentialSeries



SunWise Essential Series is an individual variable annuity contract issued by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.



managed by CI Investments Inc.



issued by Sun Life Assurance Company of Canada

What you understand and agree to when you sign this Application.

Your signature in the Owner Acknowledgement/Authorization section of this Application confirms you understand the following:

Annuitant Designation

- for Registered Contracts, the Annuitant must be the Owner
- for Non-Registered Joint Ownership Contracts, if no single Annuitant is named, the Contract will be deemed to have Joint Annuitants and the Contract Maturity Date will be determined based on the age of the younger Annuitant

Beneficiary Designation

- the beneficiary designation is revocable, unless the Owner designates the beneficiary as irrevocable
- for Contracts signed in Quebec, the relationship stated on the Application form must be the relationship between the beneficiary and the Owner and the designation of a spouse (married or civil union) as beneficiary is irrevocable unless the Owner indicates revocable in the Beneficiary Designation section of the Application
- the person(s) is (are) appointed as the beneficiary(ies) of the Contract in the event of the death of the Annuitant, or in the case of Joint Annuitants, the last surviving Annuitant, if living at the date of that death
- if the beneficiary(ies) predecease(s) the Annuitant, or if applicable, the last surviving Annuitant in the case of joint Annuitants, a contingent beneficiary for that beneficiary's share, if still alive at the death of the Annuitant, shall receive that beneficiary's share of the death benefit. If no contingent beneficiary for that share is named or is alive at that time, that share shall be payable to the Owner or if the Owner was the Annuitant, to the estate of the deceased Owner
- in all provinces other than Quebec, if you designate minor children as beneficiaries, you should also name a trustee to receive funds on their behalf
- in Quebec, if you wish to designate minor children as beneficiaries, an administrator, other than the parent(s), may be designated. A trustee may also be designated but a trust must then be set up more formally in accordance with the Civil Code of Quebec. A lawyer or notary should then be consulted. Unless specifics of a trust are provided, an appointment of trustee/administrator herein shall refer to an administrator according to the Civil Code of Quebec
- if you name an irrevocable beneficiary you will limit certain rights you have to deal with the Contract unless you obtain their signature at the time of the request. A parent or guardian or tutor cannot provide consent on behalf of a minor who has been named as irrevocable beneficiary
- for LIRA/LRSP/RLSP/LIF/LRIF/PRIF/RLIF Contracts, the beneficiary designation may not be effective as spousal rights under applicable pension legislation may take precedence over the beneficiary designation

Guaranteed Lifetime Withdrawal Benefit (GLWB)

- if the One-Life Income Stream is designated, deposits may be accepted until December 31 of the calendar year in which the Annuitant turns 80, or in the case of a Joint Annuitant Contract, the designated Annuitant turns 80. If the Two-Life Income Stream is designated, deposits may be accepted until December 31 of the calendar year in which the youngest of the Annuitant and the Second Life turns 80 years of age
- Lifetime Withdrawal Amount (LWA) payments may begin as early as January 1 of the year the Annuitant (or, if a Second Life is designated, the younger of the Annuitant and the Second Life) turns 65 years of age

LWA Income Streams:

- an LWA Income Stream, either the One-Life Income Stream or the Two-Life Income Stream, must be elected at the time of the first deposit into the Income Class and may not be changed

One-Life Income Stream

- the LWA will be determined based on the age of the designated Annuitant
- for Registered Plans a spouse, named as the sole primary beneficiary, may elect to continue receiving LWA payments with the Lifetime Income recalculated based on the current market value
- for Non-Registered Plans the policy may be set up on a Joint Annuitant basis to determine the life of the Contract but a single Annuitant must be elected as the designated Annuitant for the GLWB

Two-Life Income Stream

- the LWA will be determined based on the age of the younger of the Annuitant and the Second Life
- only the spouse, as defined in the *Income Tax Act*, of the Annuitant may be named as a Second Life
- for Registered Plans the Two-Life Income Stream may only be elected when the spouse of the Annuitant is named as the sole primary beneficiary. (Note: For a Registered Savings Plan, the spouse is required to establish their own Registered Plan for the continuation of the Guaranteed Lifetime Withdrawal Benefit on the death of the Annuitant)
- for Non-Registered Plans the Two-Life Income Stream may only be elected if the Contract is a Joint Annuitant policy where both the Joint Annuitants are spouses

LWA Protection Service - Effective on or about January 1, 2011

- the LWA Protection Service will be placed on the Income Class to ensure you do not withdraw amounts in excess of your LWA, unless otherwise confirmed. This service can be changed, removed or added by you or by your representative at any time, based on your instructions

Investment Directions

- the fund code selected will determine the guarantee Class and sales charge option of the units invested
- a monthly minimum of \$50 per fund is required for pre-authorized chequing plans (PACs)
- to invest in the Income Class a minimum initial deposit of \$25,000 is required

Pre-Authorized Chequing Plans (PAC) Terms and Conditions

- by signing this Application, you hereby waive any pre-notification requirements as specified by section 15(a) and (b) of the Canadian Payments Association Rule H1 with regards to PACs
- if you have indicated on the Application that you want to make regular deposits using a PAC, you authorize CI Investments Inc. (CI), on behalf of Sun Life, to debit the bank account provided for the specified amount(s) and in the frequencies selected
- if this is for your own personal investment, your debit will be considered a Personal Pre-authorized debit agreement (PAD) by Canadian Payments Association definition. If this is for business purposes, it will be considered a Business PAD. Monies transferred between CPA members will be considered a Funds Transfer PAD
- you have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAC agreement. To obtain more information on your recourse rights, you may contact your financial institution, CI or visit www.cdnpay.ca
- you may change these instructions or cancel this plan at any time, subject to providing CI notice of at least 48 hours prior to the next PAC run date. To obtain a sample cancellation form, or for more information on your right to cancel a PAC agreement, you may contact your financial institution, CI or visit the Canadian Payments Association website at www.cdnpay.ca. You agree to release the financial institution and CI of all liability if the revocation is not respected, except in the case of gross negligence by the financial institution or CI
- CI is authorized to accept changes to this agreement from your registered dealer or your financial advisor in accordance with the policies of that company, in accordance with the disclosure and authorization requirements of the CPA.
- you agree that the information in this form will be shared with the financial institution, insofar as the disclosure of this information is directly related to and necessary for the proper application of the rules applicable for PACs

- you acknowledge and agree that you are fully liable for any charges incurred if the debits cannot be made due to insufficient funds or any other reason for which you may be held accountable
- you confirm that all persons whose signatures are required to authorize transactions in the bank account provided have read and agreed to these terms and signed this application

Withdrawals and Automatic Withdrawal (AWD)

- Income Class withdrawals in excess of the annual LWA or the Income Class minimum annual payment (MAP), otherwise referred to as the LWA RRIF MAP, may have a negative impact on future LWA payments
- for RRIF/LIF/LRIF/PRIF/RLIF Contracts, if no date or payment amount is indicated for your AWD, CI will pay the RRIF/LIF/LRIF/PRIF/RLIF MAP during the month of December, and will redeem units proportionately across all funds per Class starting with the Investment Class then the Estate Class and finally the Income Class to make up the MAP. For scheduled payments that are below the MAP requirement, CI will pay the balance of the RRIF/LIF/LRIF/PRIF/RLIF MAP during the month of December and will redeem units proportionately across all funds selected. If no fund selection is indicated, the MAP balance will be redeemed proportionately across all funds per Class as indicated above

Instructions on completing section 13:

- Payment Type:
 - select one payment type for this Contract. Options vary depending on the registration type of the plan
 - a sub-option may then be required depending on the payment type elected
- Payment Fund Breakdown:
 - in this section specify the fund breakdown of your payments. There is a column for each Class. The total per Class should equal 100% of the payment that will be made from the funds of that Class
- Payment Frequency, Start Date and Method:
 - complete by specifying the Payment Frequency, Start Date and Method

Identity Verification, Third Party Determination and Politically Exposed Foreign Person Declaration

To comply with the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and for risk management purposes, the identity of Non-Registered clients must be verified and the existence and involvement of any third parties determined. As a result, the Identity Verification, Third Party Determination and Politically Exposed Foreign Person Declaration section must be completed.

For Corporate, Partnership, Estate and Trust Contracts the CI Anti-Money Laundering Identity Verification Supplement form is required with your application.

Types of a third party include, but are not limited, to: Payor, Executor, Attorney (Power of Attorney) or Mandatary, Assignee or Trustee.

What is a politically exposed foreign person?

A politically exposed foreign person (PEFP) is a person who has ever held any of the following positions or offices in or on behalf of a country other than Canada: member of the executive council of government, president of a state owned company or a state-owned bank, deputy minister or equivalent rank, ambassador or attaché or counselor of an ambassador, leader or president of a political party represented in a legislature, head of state or head of government, head of a government agency, judge, military officer with a rank of general or above, member of legislature. Note: Close relative means spouse, civil union spouse or common-law partner, children/step children, siblings/half siblings/step siblings of the Applicant, biological/adoptive/step parent of the Applicant, biological/adoptive/step parent of spouse, civil union spouse or common-law partner.

CI Investments Privacy Statement for Canada

Upon receipt of this application, CI will establish a file in which will be placed personal information about you concerning this application, endorsement, rider or other documents issued in connection with this application, and other documents or information relating to the investigation, servicing and administration of this application. We collect personal information about you from this application and any supplementary forms, and from your representative and other organizations and persons you identify in support of your application. We use your personal information for the purposes of, servicing and administering this application, and for such other purposes as are specified in this application. Your information may be shared with your representative of record for the purposes identified above. Your Social Insurance Number will be used for income reporting purposes in the context of the administration of your account. Your banking information will be disclosed to the financial institution(s) processing your pre-authorized deposit plan. Employees or authorized representatives of CI or its affiliates, who will be responsible for functions relevant to the purposes identified above, and other persons authorized by you or by law, will have access to the personal information contained in your file. Note that your financial advisor or broker is not an employee of CI. Subject to exceptions set out in applicable legislation, you may access your file and request corrections to your personal information by sending a written request to CI Investments Inc, Attn: Privacy Officer, 151 Yonge Street, Eighth Floor, Toronto, Ontario M5C 2W7. **By completing and signing this application, you consent to the collection, use and disclosure of your personal information as described herein. CI's Privacy Policy is available on the CI Website, www.ci.com.**

Sun Life Financial Privacy Statement for Canada

At Sun Life Financial, protecting your privacy is a priority. We maintain a confidential file in our offices containing personal information about you and your contract(s) with us. Our files are kept for the purpose of providing you with investment and insurance products or services that will help you meet your lifetime financial objectives. Access to your personal information is restricted to those employees, representatives, distribution partners (such as advisors and their companies) and third party service providers who are responsible for the administration, processing and servicing of your contract(s) with us, our reinsurers or any other person whom you authorize. In some instances these persons may be located outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions. You are entitled to consult the information contained in our file and, if applicable, to have it corrected by sending a written request to us. **To find out about our Privacy Policy, visit our website at www.sunlife.ca, or to obtain information about our privacy practices, send a written request by e-mail to privacyofficer@sunlife.com, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.**

Spousal Consent/Waiver Forms (Complete if you indicated yes in section 16)

If the Plan being applied for is a LIF, LRIF, PRIF or RLIF and the Owner has a spouse as defined by applicable pension legislation, then the appropriate form below must be completed. No form is necessary for P.E.I., Quebec and New Brunswick or for federally governed plans.

Province that governs the plan	Name of form	Form type	Province that governs the plan	Name of form	Form type
British Columbia	Spouse's Consent	Form 3 (original)	Ontario	Spouse's Consent	Spousal Consent (original)
Alberta	Spouse's Waiver	Form 6 Part 1 Option 2	Nova Scotia	Spouse's Waiver	Form 4 (original)
Saskatchewan	Spouse's Waiver	Form 1 (copy)	Newfoundland	Spouse's Waiver	Form 3 (original)
Manitoba	Spouse's Waiver	Form MG-1701 (copy)			

Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is the sole issuer of the individual variable annuity contract providing for investment in SunWise Essential Series segregated funds. A description of the key features of the applicable individual variable annuity contract is contained in the Information Folder. **ANY AMOUNT THAT IS ALLOCATED TO A SEGREGATED FUND IS INVESTED AT THE RISK OF THE CONTRACT HOLDER AND MAY INCREASE OR DECREASE IN VALUE.** ©CI Investments and the CI Investments design are registered trademarks of CI Investments Inc. ®SunWise is a registered trademark of Sun Life Assurance Company of Canada. ®Fidelity Investments and the Fidelity design are registered trademarks of FMR Corp. ®RBC Asset Management is a registered trademark of Royal Bank of Canada. ™TD Asset Management is a trademark of The Toronto-Dominion Bank, used under licence. Franklin Templeton Investments, Franklin Templeton Investments Quotential Program and/or Franklin Templeton Investments and design are registered trademarks of Franklin Templeton Investments Corp. Dynamic Funds is a registered trademark of Dundee Corporation, used under license.



Sun Life Assurance Company of Canada

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Waterloo, Ontario N2J 4C5

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Head Office / Toronto
416-364-1145
1-800-268-9374

Calgary
403-205-4396
1-800-776-9027

Montreal
514-875-0090
1-800-268-1602

Vancouver
604-681-3346
1-800-665-6994

Client Services
English: 1-800-563-5181
French: 1-800-668-3528



SunWise® Essential Series
Individual Variable Annuity Contract
Application Form



<p>1 Contract Number (if available)</p>	<p>SunWise Essential Series Contract Number _____ Distributor's Account Number _____</p>																					
<p>2 Contract Type (Select only one) *Subject to the terms of the applicable endorsement **CI AML Supplement Form required with your application</p>	<table border="0"> <tr> <td><input type="radio"/> Non-Registered Individual</td> <td><input type="radio"/> Retirement Savings Plan (RSP)</td> <td><input type="radio"/> Retirement Income Fund (RIF)</td> </tr> <tr> <td><input type="radio"/> Non-Registered Joint</td> <td><input type="radio"/> Spousal RSP</td> <td><input type="radio"/> Spousal RIF</td> </tr> <tr> <td><input type="radio"/> Non-Registered In trust for**</td> <td><input type="radio"/> Locked-in RSP (LRSP)*</td> <td><input type="radio"/> Life Income Fund (LIF)*</td> </tr> <tr> <td><input type="radio"/> Non-Registered Estate/Trust**</td> <td><input type="radio"/> Locked-in Retirement Account (LIRA)*</td> <td><input type="radio"/> Locked-in Retirement Income Fund (LRIF)*</td> </tr> <tr> <td><input type="radio"/> Non-Registered Sole Proprietorship</td> <td><input type="radio"/> Restricted Locked-in Savings Plan (RLSP)*</td> <td><input type="radio"/> Prescribed Retirement Income Fund (PRIF)*</td> </tr> <tr> <td><input type="radio"/> Non-Registered Partnership**</td> <td><input type="radio"/> Group RSP</td> <td><input type="radio"/> Restricted Life Income Fund (RLIF)*</td> </tr> <tr> <td><input type="radio"/> Non-Registered Corporate**</td> <td></td> <td></td> </tr> </table>	<input type="radio"/> Non-Registered Individual	<input type="radio"/> Retirement Savings Plan (RSP)	<input type="radio"/> Retirement Income Fund (RIF)	<input type="radio"/> Non-Registered Joint	<input type="radio"/> Spousal RSP	<input type="radio"/> Spousal RIF	<input type="radio"/> Non-Registered In trust for**	<input type="radio"/> Locked-in RSP (LRSP)*	<input type="radio"/> Life Income Fund (LIF)*	<input type="radio"/> Non-Registered Estate/Trust**	<input type="radio"/> Locked-in Retirement Account (LIRA)*	<input type="radio"/> Locked-in Retirement Income Fund (LRIF)*	<input type="radio"/> Non-Registered Sole Proprietorship	<input type="radio"/> Restricted Locked-in Savings Plan (RLSP)*	<input type="radio"/> Prescribed Retirement Income Fund (PRIF)*	<input type="radio"/> Non-Registered Partnership**	<input type="radio"/> Group RSP	<input type="radio"/> Restricted Life Income Fund (RLIF)*	<input type="radio"/> Non-Registered Corporate**		
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<input type="radio"/> Non-Registered Corporate**																						
<p>3 Distributor and Representative Information</p>	<p>Distributor's Name _____ Representative's Name _____</p> <p> <table border="0"> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Distributor Number</td> <td>Representative Number</td> <td>Telephone Number</td> <td>E-mail Address</td> </tr> </table> </p> <p>Training Supervisor's signature (Quebec Only) <input checked="" type="checkbox"/> _____</p>	_____	_____	_____	_____	Distributor Number	Representative Number	Telephone Number	E-mail Address													
_____	_____	_____	_____																			
Distributor Number	Representative Number	Telephone Number	E-mail Address																			
<p>4 Owner Information</p> <p>The Owner is the Annuitant unless otherwise noted in Section 6</p>	<p><input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Ms. <input type="radio"/> Dr. Gender <input type="radio"/> Male <input type="radio"/> Female</p> <p>MANDATORY</p> <p>Owner's Name (last, first, middle) _____</p> <p>MANDATORY</p> <p>Owner's Address _____ City or Town _____ Province _____</p> <p>Postal Code _____ Country of Residency _____ Residence Telephone Number _____</p> <p>YYYY/MM/DD MANDATORY MANDATORY</p> <p>Date of Birth _____ Social Insurance Number (SIN) _____ Owner's E-mail Address _____</p>																					
<p>5 Joint, In Trust For or Spousal Registered Plan Information</p> <p>Joint Owner and In Trust for Contracts are not applicable to Registered Contracts</p> <p>Subrogated Policyholders - Quebec residents only: If you (the Owner) and Joint Owner would like to name each other as subrogated policyholders please check here <input type="radio"/></p>	<p><input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Ms. <input type="radio"/> Dr. Gender <input type="radio"/> Male <input type="radio"/> Female</p> <p>Name (last, first, middle) _____</p> <p>YYYY/MM/DD MANDATORY MANDATORY MANDATORY</p> <p>Date of Birth _____ Social Insurance Number (SIN) _____ Country of Residency _____</p> <p>Joint Ownership Information - (Joint Non-Registered Contracts only)</p> <p>Joint Ownership Type:</p> <p><input type="radio"/> Joint Owners with Right of Survivorship (not applicable in Quebec)</p> <p><input type="radio"/> Joint Owners</p> <p>Signing Authority:</p> <p><input type="radio"/> Only one signature required</p> <p>NOTE: If not selected both signatures are required.</p>																					
<p>6 Annuitant Information</p> <p>Complete if different from Owner(s)</p> <p>For Registered Contracts, the Annuitant must be the Owner.</p> <p>For Non-Registered Joint Ownership Contracts, if no single Annuitant is named in this section, the Contract will be deemed to have Joint Annuitants and the Contract Maturity Date will be determined based on the age of the younger Annuitant.</p>	<p><input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Ms. <input type="radio"/> Dr. Gender <input type="radio"/> Male <input type="radio"/> Female</p> <p>MANDATORY</p> <p>Annuitant's Name (last, first, middle) _____</p> <p>MANDATORY</p> <p>Annuitant's Address (if different from Owner) _____ City or Town _____ Province _____</p> <p>Postal Code _____ Date of Birth _____ Country of Residency _____ Relationship to Owner _____</p> <p>YYYY/MM/DD MANDATORY MANDATORY</p>																					

7 Successor Owner

Optional - For Non-Registered Contracts only

This section should only be completed in situations where the Annuitant is not the Owner.

Mr. Mrs. Miss Ms. Dr. **Gender** Male Female

Successor Owner's Name (last, first, middle)

Address City or Town Province

YYYY/MM/DD
MANDATORY

Postal Code Date of Birth Relationship to Owner

8 LWA Income Streams for the Income Class (MANDATORY)

LWA payments cannot begin if a LWA Income Stream has not been selected.

* Spouse has the meaning as defined by the *Income Tax Act*

LWA Income Stream: An LWA Income Stream must be elected at the time of the first deposit into the Income Class and may not be changed.

- One-Life Income Stream** (for Non-Registered Joint Annuitant Contracts please specify below the name of the Annuitant whose age will be used in determining income stream payments.)
- Two-Life Income Stream** (for Two-Life Income Stream the Second Life must be the Annuitant's spouse* and the Joint Annuitant on a Non-Registered Contract. For Registered Contracts, spousal details must be provided below)

Please complete the information below for Non-Registered Joint Annuitant Contracts electing the One-Life Income Stream or for Registered Contracts electing the Two-Life Income Stream.

Gender Male Female

MANDATORY

Name (last, first, middle)

YYYY/MM/DD

MANDATORY

MANDATORY

MANDATORY

Date of Birth Social Insurance Number (SIN) Country of Residency

9 LWA Protection Service Effective on or about January 1, 2011

CI will add the LWA Protection Service to ensure that withdrawals in your Income Class do not exceed your LWA.

To remove this service please check here

10 Beneficiary Designation

For Contracts signed in Quebec the designation of a spouse (married or civil union) as beneficiary is irrevocable unless the Owner checks revocable here: **revocable**

For the Two-Life Income Stream on Registered Plans, you must name your spouse as sole primary beneficiary.

* Relationship of the beneficiary to the Annuitant in all provinces excluding Quebec where the relationship is to the Owner.

Primary Beneficiary Name(s)	Relationship *	Share (%)	Contingent Beneficiary Name(s) (for the adjacent share)	Relationship*
	Total	100%		

Name of Trustee(s) appointed for minor beneficiary(ies) (appointed administrator in Quebec) _____

I have attached a letter of direction with additional/alternate/irrevocable beneficiary instructions.

11 Investment Directions

The fund code will determine the guarantee Class and sales charge option of the units.

Class	Contract Guarantee	Death Guarantee
Income	75%	100%
Estate	75%	100%
Investment	75%	75%

Please specify your PAC details in Section 12.

By making deposits into the Estate Class or Income Class you acknowledge having read the applicable sections of the Information Folder and Individual Variable Annuity Contract and agree to the applicable fees.

- Cheque in the amount of \$ AMOUNT
- Transfer \$ AMOUNT from another financial institution INSTITUTION NAME (T2033/T2151/TD2 attached)
- Transfer \$ AMOUNT from an existing CI account CI ACCOUNT NUMBER

Fund Code	Initial Sales Charge (if applicable)	Gross Amount \$ or %	PAC Amount \$ or %	Fund Code	Initial Sales Charge (if applicable)	Gross Amount \$ or %	PAC Amount \$ or %
	%				%		
	%				%		
	%				%		
	%				%		
	%				%		

12 Pre-Authorized Chequing Plan

Please complete Section 15 and specify the fund breakdown in the PAC amount column in Section 11.

- I (We) choose to receive plan payment confirmations. (All Owners receive annual statements detailing transactions in their Contract.)

PAC amount \$ _____ (Please ensure you meet the minimum required amount.)

Payment Frequency (please select only one)

- Weekly Bi-weekly Monthly Bi-monthly
 Quarterly Semi-Annually Annually

Payment Start Date

Y Y Y Y / M M / D D

X

Y Y Y Y / M M / D D

Signature(s)

Date

Signature(s) required if Depositor(s) is (are) other than the Owner(s) indicated in Section 4 and/or 5. For a joint bank account, all Depositors must sign if more than one signature is required on cheques issued against the account.

By signing you confirm the banking information provided in Section 15 and that you have read and agree to the PAC terms and conditions outlined at the front of this Application.

13 Automatic Withdrawal Plan (AWD) & RRIF/LIF/LRIF/PRIF/RLIF Payment Details

Please review the AWD description in the front of this Application for assistance in completing this section.

*Income Class withdrawals in excess of the annual LWA or RRIF minimum for Income Class (LWA RRIF MAP) may have a negative impact on future LWA payments.

Payments above the LWA that will result in an Excess Withdrawal will not be processed if the LWA Protection Service is on.

Please see Section 9.

RRIF minimum is the minimum annual payment (MAP) as defined by CRA for RIF/LIF/LRIF/PRIF/RLIF Contracts.

You may redeem your RRIF minimum from any Class of Units you hold.

RRIF minimum for Income Class (LWA RRIF MAP) is the proportion of your RRIF MAP that has been allocated to your Income Class.

If you would like to receive the greater of your LWA or the RRIF minimum for Income Class (LWA RRIF MAP) select the **"Maximize my LWA payment"** option where applicable.

If you have any questions with regard to this section please contact CI Client Services 1-800-563-5181

Step 1 - Payment Type:

Select one option (options vary by Plan Type), then complete the Payment Fund Breakdown and Payment Frequency, Start Date and Method sections on the next page.

(OPTION A) Non Registered Plans

1. Lifetime Withdrawal Amount (LWA) - withdraw only from my Income Class

2. An annual amount of \$ _____ Gross Net of fees

Select one option below and specify percent allocation:

	Estate Class (%)	Investment Class (%)	Total
<input type="radio"/> LWA and remainder as follows: →			100%
<input type="radio"/> I am not taking LWA payments. Withdraw only from my Estate and/or my Investment Class as follows: →			100%

(OPTION B) Registered Income Plans RIF/LIF/LRIF/PRIF/RLIF

I elect the term of RRIF payments be based on:

- My age Age of my spouse if younger (CI will default to the "My age" option if not completed)

Please provide spouse's date of birth: Y Y Y Y / M M / D D

Find the section below that indicates the Class of units you hold, and then select one of the applicable payment options.

1. **Income Class Units only** (I do not hold Estate or Investment Class units)

Select one option below:

- Maximize my LWA payment
 RRIF minimum for Income Class (LWA RRIF MAP) - for clients that only want their minimum even when the LWA is greater
 Locked-In maximum payment amount (only applicable for LIF/LRIF/RLIF)*
 An annual amount of \$ _____ Gross Net of fees*

2. **Estate and/or Investment Class Units only** (I do not hold Income Class units)

Select one option below and specify percent allocation:

	Estate Class (%)	Investment Class (%)	Total
<input type="radio"/> RRIF minimum as follows: →			100%
<input type="radio"/> Locked-In maximum payment amount (only applicable for LIF/LRIF/RLIF) as follows: →			100%
<input type="radio"/> An annual amount of \$ _____ <input type="radio"/> Gross <input type="radio"/> Net of fees as follows: →			100%

3. **Income Class in combination with Estate and/or Investment Class** (I hold units from multiple Classes including Income Class)

Select option a, b or c below:

a) <input type="radio"/> RRIF minimum	Estate Class (%)	Investment Class (%)	Total
Select one option below and specify percent allocation:			
<input type="radio"/> Maximize my LWA payment and withdraw remainder as follows: →			100%
<input type="radio"/> I am not taking LWA payments. Withdraw only from my Estate and/or my Investment Class as follows: →			100%
b) <input type="radio"/> An annual amount of \$ _____ <input type="radio"/> Gross <input type="radio"/> Net of fees	Estate Class (%)	Investment Class (%)	Total
Select one option below and specify percent allocation:			
<input type="radio"/> Maximize my LWA payment and withdraw remainder as follows: →			100%
<input type="radio"/> I am not taking LWA payments. Withdraw only from my Estate and/or my Investment Class as follows: →			100%
c) <input type="radio"/> Locked-In maximum payment amount (only applicable for LIF/LRIF/RLIF)	Estate Class (%)	Investment Class (%)	Total
Select one option below and specify percent allocation:			
<input type="radio"/> Maximize my LWA payment and withdraw remainder as follows: →			100%
<input type="radio"/> I am not taking LWA payments. Withdraw only from my Estate and/or my Investment Class as follows: →			100%

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18 Identity Verification, Third Party Determination and Politically Exposed Foreign Person Information (cont'd)

Is a third party involved with this Contract, or will a third party pay for this Contract, or have the use of, or access to, the Contract value? Yes No If yes, attach a completed CI Anti-money Laundering Identity Verification Supplement form

To the best of the Applicant's/Owner's knowledge, has the Applicant/Owner or any close relatives (living or deceased) been considered a Politically Exposed Foreign Person (PEFP)?

Yes No If yes, attach a completed CI Anti-money Laundering Identity Verification Supplement form

19 Owner Acknowledgement/ Authorization

All Owners, Annuitants and Second Life (if applicable) must read and sign this Section

Please ensure all mandatory sections have been completed.

I (We) declare that all statements and answers made by me (us) on this Application are fully complete and true.
 I (We) hereby acknowledge having read the provisions contained in the "Sun Life Privacy Statement for Canada" and "CI Investments Privacy Statement for Canada", contained in this Application, and I (we) hereby agree to them and hereby authorize Sun Life Assurance Company of Canada and CI Investments to obtain, use, and transmit to its agents and service providers, personal information about me for the purpose of the administration of this Contract.
 I (We) request that all documents delivered to me (us) in connection with this Contract be written in English. Je (Nous) demande(ons) que tous les documents qui me (nous) sont remis avec ce contrat soient rédigés en langue anglaise.
 I (We) acknowledge receipt of the Individual Variable Annuity Contract and Information Folder and the Fund Facts prior to signing the Application.

By completing the PAC section, I (we) declare that all persons whose signatures are required to authorize transactions in the bank account provided have read and agreed to the PAC terms and conditions as outlined at the front of this Application.

Request for Registration (Must be completed for RSP, LIRA, Locked-In RSP, RLSP, LIF, LRIF, PRIF and RLIF Contracts)

- Yes, Sun Life Assurance Company of Canada is requested to register the above policy as a Retirement Savings Plan under the Income Tax Act (Canada) and under any applicable provincial legislation.
- Yes, Sun Life Assurance Company of Canada is requested to register the above policy as a Retirement Income Fund under the *Income Tax Act* (Canada) and under any applicable provincial legislation.

X MANDATORY Y Y Y Y / M M / D D
 Owner's Signature _____ Date _____

X MANDATORY Y Y Y Y / M M / D D
 Joint Owner's Signature _____ Date _____

Annuitant's Signature (Only required if Annuitant is not the Owner) **X MANDATORY** Y Y Y Y / M M / D D
 _____ Date _____

Second Life's Signature (must be the spouse of the Annuitant) **X MANDATORY** Y Y Y Y / M M / D D
 _____ Date _____

Signed At (City and Province) **MANDATORY** _____

20 Representative's Acknowledgement

All advisors must read and sign this Section

I, the advisor, confirm that I have reviewed the details provided in this form with the Applicant/Owner(s) and to the best of my knowledge, unless otherwise noted, these details are full, complete and true. In regard to the purchase of a non-registered product, I the advisor, confirm that all of the identification details provided in this form match the original identification documents shown to me. I confirm that I have disclosed to the Owner(s) (a) the companies I represent, (b) that I will receive compensation in the form of commissions or salary for the sale of this product, (c) that I may also receive additional compensation in the form of bonuses or non-monetary benefits such as travel incentives or attendance at conferences, and (d) any conflict of interest I may have with respect to the sale of this product.

X MANDATORY Y Y Y Y / M M / D D
 Representative's Signature _____ Date _____

Complete the following if the Representative verifying identity is different from the Servicing Representative (applicable for non-registered plans only)

X Y Y Y Y / M M / D D
 Representative's Name _____ Distributor - Representative Number _____ Date _____

ANY AMOUNT THAT IS ALLOCATED TO A SEGREGATED FUND IS INVESTED AT THE RISK OF THE CONTRACT HOLDER AND MAY INCREASE OR DECREASE IN VALUE.