

Request to Access Plan Advisor Services website



The purpose of this form is to gather the information we need to provide you with access to our site. Be sure to PRINT clearly and check that all information is accurate. *Note: Personal information will be stored in a password-protected database that is used only by the individuals who administer access to our Plan Advisor Services website. Some of this personal information, such as date of birth, will be used to verify your identity in the future if you request access ID or password assistance.*

If you are an individual plan advisor, a person licensed individually, not as an employee of a corporation, please complete section 3.

If you are requesting company access, please complete sections 1 and 2.

Please return this form to Sun Life at :
1155 Metcalfe St
Distribution Compensation, Contract section
Montreal, QC H3B 2V9

OR
Fax it to: 514 866-8517

1 Company authorized signing officer

As your company's authorized signing officer you are responsible for appointing a Company Representative who will have full website access to your company business, both Group Benefits and Group Retirement Services, placed with Sun Life.

A Company Representative is an employee of an advisor company (a corporation licensed as a brokerage or consulting firm) that has active Group Benefits and/or Group Retirement Services business with Sun Life. Along with having full website access to your company's Sun Life financial statements and client reports, your Company Representative will be responsible for using the Plan Advisor Services website's Delegation feature to authorize web access for associates within your company.

- Grant access to Company Representative
- Terminating access to Company Representative

| | | |
|---|----------|--|
| Legal company name | | Sun Life Financial Advisor code(s), if known |
| Last name of authorized signing officer | | First name |
| Business address (street number and name) | | Apartment or suite |
| City | Province | Postal code |
| Your email address | | |

As an authorized signing officer of the company noted above, I am appointing:

| |
|---|
| Print name of appointed Company Representative here |
|---|

to be a Company Representative, having access to the Sun Life Financial Plan Advisor Services website and the ability to delegate access to associates within our company.

I understand this Company Representative will have responsibility for our company's use of the Plan Advisor Services website, its information and the delegation feature. I understand the sensitive nature of some of the information contained on the Plan Advisor Services website (such as compensation paid to Advisors, book of business reports for our company and billing statements, if applicable, including those for your own group plan).

I acknowledge that given the sensitive nature of some information, the Company Representative should limit the extent to which they delegate access. I agree that Sun Life will not be responsible for the use of the Plan Advisor Services website by this Company Representative or any of the associates provided access through them.

By Signing below, I acknowledge that I understand the role of the Company Representative and understand the risks of disclosing sensitive information if the Company Representative chooses to delegate access to associates within our company to the Sun Life Financial Plan Advisor Services website.

| | |
|--|--------------------------|
| Signature of authorized signing officer X | Date (dd-mm-yyyy) - - |
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Note: If appointing self as Company Representative, please complete section 2 with the required information.

If appointing someone else as Company Representative, the designated person must complete section 2.

2 Company representative

| | | | |
|---|-----------------------------|--|--|
| Company representative last name | | First name | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss |
| Language preference <input type="checkbox"/> English <input type="checkbox"/> French | Telephone (business) — — | Your date of birth (dd-mm-yyyy) — — | |
| Your email address | | | |

I understand I will have responsibility for the use of the Plan Advisor Services website, its information and the delegation feature. I understand the sensitive nature of some of the information contained on the Plan Advisor Services website (such as compensation paid to Advisors, book of business reports for our company and billing statements, if applicable, including those for your own group plan) and that Sun Life will not be responsible for the use of the Plan Advisor Services website by me or the associates to whom I grant access.

By signing below, I acknowledge that I understand the role of the Company Representative and accept that I will have responsibility for the use of the Sun Life Financial Plan Advisor Services website.

| | |
|----------------|--------------------------|
| Signature X | Date (dd-mm-yyyy) — — |
|----------------|--------------------------|

3 Plan advisor

An individual Plan Advisor, for the purposes of this form, is a person licensed individually, not as an employee of a corporation, who has active Group Benefits and/or Group Retirement Services business with Sun Life.

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|---|--|--------------------|--|
| Your last name | | First name | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss |
| Language preference <input type="checkbox"/> English <input type="checkbox"/> French | Sun Life Financial Advisor code(s), if known | | |
| Business address (street number and name) | | Apartment or suite | |
| City | Province | Postal code | |
| Your date of birth (dd-mm-yyyy) — — | Telephone (business) — — | | |
| Your email address | | | |

By signing below, I acknowledge that I understand I will have responsibility for the use of the Plan Advisor Services website, its information and the delegation feature. I understand the sensitive nature of some of the information contained on the Plan Advisor Services website (such as compensation paid to Advisors, book of business reports for our company and billing statements, if applicable, including those for your own group plan) and that Sun Life will not be responsible for the use of the Plan Advisor Services website by me or the associates to whom I grant access.

| | |
|----------------|--------------------------|
| Signature X | Date (dd-mm-yyyy) — — |
|----------------|--------------------------|

4 Respecting your privacy

Respecting your privacy is a priority for the Sun Life Financial group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit www.sunlife.ca/privacy.