

SunAdvantage my savings DPSP participating employer information



Return the completed form to:
Sun Life Financial
Attention: GRS Plan Implementation, 304D00
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 information

Please enter the company name that you entered on your SunAdvantage my savings RSP/DPSP/TFSA application.

Plan sponsor corporate name

2 Participating employer information

Please provide the names and information of the additional employers that are currently participating in your DPSP and will be transferring with the plan.

Participating employer name			
Street address (street number and name)			Apartment or suite
City	Province	Postal code	Telephone number - -
Contact person first name	Last name	Title	
Contact person email address (mandatory)			Telephone number - -
Business number – payroll account number R P		Correspondence language <input type="checkbox"/> English <input type="checkbox"/> French	

Participating employer name			
Street address (street number and name)			Apartment or suite
City	Province	Postal code	Telephone number - -
Contact person first name	Last name	Title	
Contact person email address (mandatory)			Telephone number - -
Business number – payroll account number R P		Correspondence language <input type="checkbox"/> English <input type="checkbox"/> French	

Participating employer name			
Street address (street number and name)			Apartment or suite
City	Province	Postal code	Telephone number - -
Contact person first name	Last name	Title	
Contact person email address (mandatory)			Telephone number - -
Business number – payroll account number R P		Correspondence language <input type="checkbox"/> English <input type="checkbox"/> French	

2 Participating employer information (continued)

Participating employer name			
Street address (street number and name)			Apartment or suite
City	Province	Postal code	Telephone number - -
Contact person first name	Last name	Title	
Contact person email address (mandatory)			Telephone number - -
Business number – payroll account number R P		Correspondence language <input type="checkbox"/> English <input type="checkbox"/> French	

Participating employer name			
Street address (street number and name)			Apartment or suite
City	Province	Postal code	Telephone number - -
Contact person first name	Last name	Title	
Contact person email address (mandatory)			Telephone number - -
Business number – payroll account number R P		Correspondence language <input type="checkbox"/> English <input type="checkbox"/> French	

3 Confirmation and signature

Please keep a copy of this form for your records.

The undersigned confirms that:

- (i) the above named employers are currently registered with the Canada Revenue Agency to participate in the existing registered DPSP named in Section 5 of the SunAdvantage **my savings** RSP/DPSP/TFSA application;
- (ii) the participating employers are aware of the transfer of the DPSP to Sun Life Assurance Company of Canada, the amendment of the DPSP to conform with the Sun Life Assurance Company of Canada Specimen Deferred Profit Sharing Plan #211-15-SP and the appointment of Sun Life Financial Trust Inc. as the trustee of the DPSP; and
- (iii) the plan sponsor will provide or make available to each participating employer copies of the DPSP plan text, trust agreement, group annuity policy, service and fee agreement and Sections 5, 6 and 7 of the SunAdvantage **my savings** RSP/DPSP/TFSA application.

Sign and date below.

Name of person providing authorized signature (please print)	Title of person providing authorized signature
Authorized signature (in ink) X	
Signed at (city and province)	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.