

Automatic Cheque Plan (ACP) enrolment form for Sun Life Financial Voluntary Retirement Savings Plan (VRSP)



Return the completed form to:

Sun Life Financial, Group Retirement Services
PO Box 11001 Stn CV, Montreal QC H3P 3P3

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

Please PRINT clearly.

1 Plan and your personal information				
Name of plan sponsor Sun Life Assurance Company of Canada			Client ID C0UJL	Plan 01
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 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 each month 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.payments.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.payments.ca. I also understand a \$25 fee will be charged for any automatic cheques returned for insufficient funds.

NFC



2 Automatic Cheque Plan (ACP) enrolment information (continued)

ACP amount (minimum \$50/month) \$	Start date (dd-mm-yyyy)
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Note: if the date you choose falls on a weekend or holiday, the transaction will be made on the next business day.

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:

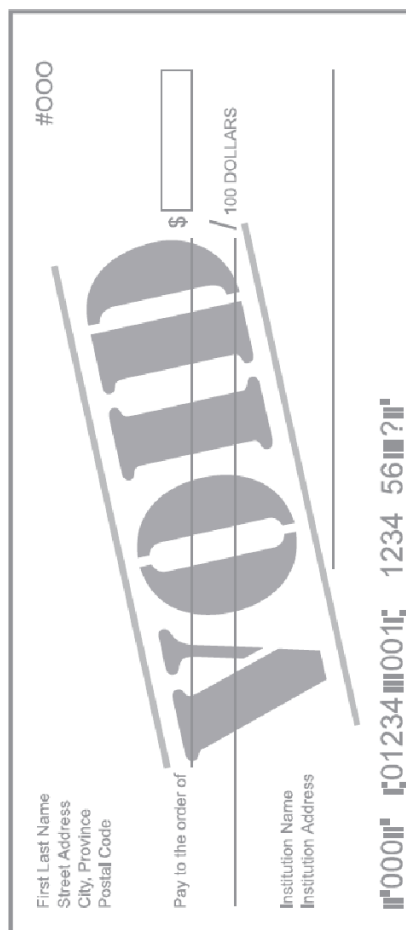
Signature of joint accountholder X

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.



3 Your authorization

Signature X	Date (dd-mm-yyyy)
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4 Respecting your privacy

Our Purpose is to help our Clients achieve lifetime financial security and live healthier lives. We collect, use and disclose your personal information to: develop and deliver the right products and services; enhance your experience and manage our business operations; perform underwriting, administration and claims adjudication; protect against fraud, errors or misrepresentations; tell you about other products and services; and meet legal and security obligations. We collect it directly from you, when you use our products and services, and from other sources. We keep your information confidential and only as long as needed. People who may access it include our employees, distribution partners such as advisors, service providers, reinsurers, or anyone else you authorize. At times, unless we're prohibited, they may be outside your jurisdiction and your information may be subject to local laws. You can always ask for your information and to correct it if needed. In most cases, you have a right to withdraw your consent, but we may not be able to provide the requested product or service. Read our Global Privacy Statement and local policy at www.sunlife.ca/privacy or call us for a copy.

Group Retirement Services are provided by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.