

Sun Life Financial

Voluntary Retirement Savings Plan (VRSP)

Opt out form

Please return the completed form to your employer.

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

Please PRINT clearly.

1 Plan information

This information is to be completed by the employer.

Name of employer	Client ID C0	Plan
------------------	------------------------	------

2 Employee's personal information

First name	Middle initial	Last name
Date of birth (dd-mm-yyyy)	Social insurance number	

3 Employee's signature of authorization

I wish to opt out of the Sun Life Financial Voluntary Retirement Savings Plan available through my employer. I understand that the date of this opt out must be within 60 days of the date the Notice of membership was sent to me by Sun Life Financial. I also understand that if I wish to be enrolled in the plan in the future, I can ask my employer, in writing, to enrol me in the plan.

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

4 For employer use only

Instructions for employer: Sun Life Financial will need to update our files. Please fax the employee's information to your Sun Life Financial Group Retirement Services representative at 1-877-791-9205 or e-mail to GRS_SS_MTL@sunlife.com within 30 days of having received this form. Please note e-mail transmission cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete or contain viruses.

Please do not remit any contributions to Sun Life Financial for this employee.

You are required to offer the plan to these employees again in the December that follows the second anniversary of the date they opt out, and every two years after that if they continue to decline the offer to join. You are also required to keep this form on file for the full duration of the employee's employment.