

# Transfer authorization for registered investments – Sun Life Guaranteed Investment Funds (GIFs)



(RRSP, LIRA, RLSP, RRIF, LIF, PRIF, LRIF, LRSP, RLIF, TFSA)

**Please note:** The data entered on this form may be scanned and stored electronically. Please print neatly in the spaces provided to ensure completeness, accuracy and machine readability.

This form can be used for all registered transfers, with the exception of transfers due to death or marriage breakdown.

## Owner's information

Owner's last name		First name	Middle name
Address (street number and name)			City
Province	Postal code	Social insurance number	Telephone number

## Direction to receiving institution (to receive copy of instructions)

Sun Life Assurance Company of Canada  
30 Adelaide Street East, Suite 1  
Toronto ON M5C 3G9  
Tel: 1-844-753-4437  
Fax: 1-855-247-6372

Contract number (mandatory)	Dealer/distributor's number
Advisor's last name	Advisor's first name
Advisor's number	Business telephone number

### Registration type (Select one):

☐ RRSP    ☐ Spousal RRSP    ☐ RRIF    ☐ Spousal RRIF    ☐ TFSA    ☐ LIRA  
☐ LRIF    ☐ PRIF    ☐ RLIF    ☐ RLSP    ☐ LRSP    ☐ LIF

### Investment direction:

Fund code	Fund name	Initial sales charge (if applicable)	Amount <input type="checkbox"/> \$ <input type="checkbox"/> %
		%	
		%	
		%	
		%	
		%	
		%	
		%	

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**Direction to relinquishing institution (to receive original instructions)**

Relinquishing institution name		Address (street number and name)	
City		Province	Postal code
Telephone number		Relinquishing institution fax number	
Contract number (mandatory)	OR	Group plan number	Member certificate number

**Transfer: (check one box only)**

- ☐ All in Cash\*\*   
 ☐ All as is (in Kind)\*\*   
 ☐ Partial\*\*. See list below or attach client signed list.   
 ☐ All assets\*\*, but mixed in Cash and as is (in Kind) – See list below or attach client signed list.

\*\*For in cash transfers, please refer to the statement in bold in the Owner's authorization section below. For in kind transfers, please confirm that the asset is eligible to be transferred in kind.

	Amount	Symbol and/or certificate or policy number	Description
<input type="checkbox"/> All <input type="checkbox"/> Partial	\$		
<input type="checkbox"/> All <input type="checkbox"/> Partial	\$		
<input type="checkbox"/> All <input type="checkbox"/> Partial	\$		
<input type="checkbox"/> All <input type="checkbox"/> Partial	\$		
<input type="checkbox"/> All <input type="checkbox"/> Partial	\$		
<input type="checkbox"/> All <input type="checkbox"/> Partial	\$		

**For use by relinquishing institution only**

Registration type: ☐ RRSP    ☐ Spousal RRSP    ☐ RRIF    ☐ Spousal RRIF    ☐ TFSA    ☐ LIRA    ( ☐ Qualified    ☐ Non-qualified )  
☐ LRSP    ☐ LIF    ☐ LRIF    ☐ PRIF    ☐ RLSP    ☐ RLIF

Spousal plan <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, spouse's last name	Middle initial	First name	Social insurance number
Locked-in <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, attach locked-in confirmation	Pension jurisdiction		
Contact's last name	First name		Telephone number	
Authorized signature X			Date (dd-mm-yyyy)	

**Owner's authorization**

I request the transfer of funds to be invested as described above. I authorize the liquidation of all or part of my investments and agree to pay any applicable fees, charges or adjustments.

Contract owner's signature X	Date (dd-mm-yyyy)
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Irrevocable beneficiary: I consent to this transfer and acknowledge I may not be irrevocable beneficiary of the contract to which the funds are transferred.

Irrevocable beneficiary's signature (if applicable) X	Date (dd-mm-yyyy)
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**Contact information:**

Toll Free English: 1-844-753-4437 (1-844-SLF-GIFS)  
 Toll Free French: 1-844-374-1375 (1-844-FPG-IFSL)  
 Fax: 1-855-247-6372  
[www.sunlifegifs.com](http://www.sunlifegifs.com)

**Return to:**

Sun Life Assurance Company of Canada  
 30 Adelaide Street East, Suite 1  
 Toronto, ON M5C 3G9 Canada

# Appendix

## Locked-in confirmation

Pursuant to the applicable pension legislation, we acknowledge and confirm the locked-in status of the above referenced account that will be held under the administration of Sun Life Assurance Company of Canada, as a condition of transfer. The undersigned do hereby confirm:

- 1. Any portion of such transferred funds to the aforementioned GIF contract will be administered in accordance with the following legislation:  
☐ Pension legislation in the province of \_\_\_\_\_ and applicable regulations pursuant to such regulation.  
☐ The Pension Benefits Standard Act, 1985 (Federal), and applicable regulations thereunder.

The transferred funds will continue to be administered as a locked-in arrangement by Sun Life Assurance Company of Canada; and

- 2. Any subsequent transfer of such locked-in funds to another trustee or financial institution will be made only to a plan whose terms ensure that such funds will continue to be administered in accordance with the requirements of such applicable legislation and regulations.

Last name	First name	
Authorized signature X		Date (dd-mm-yyyy)