

SunWise[®], SunWise Elite[®], Including SunWise Elite Plus[®] Segregated Funds

Registered Transfer Form

1. Transfer Type (Please choose only one)

Please note that not all transfer scenarios are available for all products. Please consult the appropriate information Folder for valid contract types. If you have any questions please contact CI Client Services at 1-800-563-5181.

Current Contract Number			New Sun Life Contract Number		
RSP Contract to a RIF Contract	LIRA Contract to an LRIF Contract	LIF/LRIF Contract to a LIRA Contract			
LIRA Contract to a LIF Contract	RIF Contract to an RSP Contract	Spousal RSP Contract to a Spousal RIF Contract			
LIRA Contract to a PRIF Contract	LIF Contract to an RLIF Contract	Spousal RIF Contract to a Spousal RSP Contract			
RLSP Contract to a RLIF Contract	RLIF Contract to an RLSP Contract				

2. Owner Information (Mandatory)

Mr. Mrs. Miss Ms. Dr.

Last Name

First Name

Date of Birth (YYYY/MM/DD)

Social Insurance Number

3. Distributor Information

Distribution Number (Mandatory)

Representation Number (Mandatory)

Distribution Name (Mandatory)

Representative Name

Representative Signature (Mandatory)

4. Complete for Transfer from RSP to RIF or LIRA to LIF/LRIF/PRIF or RLSP to RLIF

a. Plan Payment Details (The payment date may be between the 1st and 25th of any month)

Please accept this as my authorization to surrender sufficient units to provide the stated payment (please select only one):

- The minimum annual payment (MAP) requirements
- The maximum annual gross amount (for LIF/LRIF/RLIF Plans only)¹
- The annual Guaranteed Withdrawal Amount (GWA)/Lifetime Withdrawal Amount (LWA) for SunWise Elite Plus Contracts only¹
- An annual amount of \$ _____ Gross or Net of fees and withholding taxes²

Payment Start Date (YYYY/MM/DD) _____ Frequency: Monthly Quarterly Semi-Annually Annually

(If no date or payment amount is specified, CI will pay out the RIF/LIF/LRIF/PRIF/RLIF MAP during the month of December and will redeem units proportionately across all Funds.)

I elect the term of RRIF payments be based on: My age Age of my spouse (please provide spouse's date of birth) _____
(CI will default to the "My Age" option if not completed) YYYYY/MM/DD

Fund Name	Fund Code	Surrender Amount or	Percent
		\$	%
		\$	%
		\$	%
		\$	%

¹ To make a change to the GMWB payment option (GWA to LWA or LWA to GWA) for your existing SunWise Elite Plus Contract, please complete the SunWise Elite Plus GMWB Payment Option Change and Payment Direction Form.

² Withdrawals in excess of the annual (GWA/LWA) may have a negative impact on future guaranteed payments under the Guaranteed Minimum Withdrawal Benefit.

4. Complete for Transfer from RSP to RIF or LIRA to LIF/LRIF/PRIF or RLSP to RLIF (Continued)

b. Banking Information

Please attach a void cheque here. Ensure that the void cheque or bank form is printed with the Client's name on it.

I authorize CI to deposit the income payments directly to my bank account as indicated on the Electronic Application or as indicated in Section 3.

Bank Account Owner(s) Name(s)	Name of Financial Institution		
Bank Number	Bank Transit Number	Bank Account Number	
Address	City/Town	Province	Postal Code

c. LIF/LRIF Information

SPOUSE: Do you have a spouse or pension partner within the meaning of the applicable pension legislation? Yes No

Note: If you have a spouse or pension partner within the meaning of the applicable legislation, then the appropriate spousal consent/waiver form must be fully completed and accompany this conversion form.

The spousal consent/waiver forms are also available on CI Advisor Online.

5. Investment Section

Only complete for partial transfers or if investments in the new contract are different than current contract.

Premium Amount (please check one)	From Fund Code (Current Contract)	To Fund Code (New Contract)
Dollars Percentage		

6. Request for Registration and Declaration of Owner/Annuitant (Complete for all conversion types)

I confirm that all other terms and conditions of the Contract will remain the same, including the beneficiary designation. I request that Sun Life Assurance Company of Canada convert the Contract to, and register the Contract as a Registered Retirement Savings Plan (RSP), a Retirement Income Fund (RIF), Life Income Fund (LIF), Restricted Life Income Fund (RLIF), Restricted Locked-in Savings Plan (RLSP), Locked-in Retirement Fund (LRIF) or Prescribed Retirement Income Fund (PRIF), as applicable, under the provisions of the *Income Tax Act* (Canada) and, if applicable, under any provincial pension legislation. I understand the Contract will be subject to the provisions of said legislation. I declare that I am the owner of the Contract. I understand that as a consequence of registering the Contract as a RIF or a LIF, the Contract provides that an income will become payable there under, commencing not later than the last day of the first calendar year following the calendar year in which the conversion to a RIF or LIF, as applicable, becomes effective.

X _____
Signature of Owner (Mandatory)

Date (YYYY/MM/DD) (Mandatory)

X _____
Signature of Spouse (Required for Locked-In Plans) (Mandatory if applicable)

X _____
Signature of Irrevocable Beneficiary (Mandatory if applicable)

Use of Personal Information Notice

CI Investments Inc. doing business under the registered business name of CI Global Asset Management (“CI GAM”, “we”, “our”, “us”) requires personal information to administer and provide services associated with your account (“Account Services”). We use the personal information collected on this form to provide the products and services you have requested, improve our products and services, and fulfill our legal and regulatory obligations. Additional privacy terms apply to use of our online services and certain other services. We are not responsible for Third Party Providers such as your financial advisor and their dealership, who process personal information in accordance with their own terms. We share your personal information with CI Financial company affiliates and their subsidiaries where necessary to administer and service your account. You have the right to request access to or correction of, or withdraw your consent to the processing of, your personal information. For more information, including with respect to our use of service providers outside of Canada or your province of residence, please contact our Privacy Officer or see the CI GAM Privacy Policy at www.cifinancial.com/ci-gam/ca/en/legal/privacy.html.

Sun Life Privacy Statement

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.