

| <p><b>1 Conversion Type</b><br/>(Please choose only one)</p>   | <p>Current Contract Number _____ New Sun Life Contract Number _____</p> <p> <input type="radio"/> RSP Contract to a RIF Contract                      <input type="radio"/> LIRA Contract to a LIF Contract<br/> <input type="radio"/> Spousal RSP Contract to a Spousal RIF Contract                      <input type="radio"/> LIRA Contract to a LRIF Contract         </p> <p>Please note that all MVP RRSP contracts (1987, 1993, 1996 and 1997) will automatically convert to a 1997 MVP RRIF if no direction is taken by December 31, of the year the annuitant turns 71 years of age. If you have any questions please contact CI Client Services at 1-800-563-5181.</p>   |  |                             |                    |  |  |  |                           |  |           |                             |           |                             |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|-----------------------------|--------------------|--|--|--|---------------------------|--|-----------|-----------------------------|-----------|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| <p><b>2 Owner Information</b></p>  | <p><input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Ms. <input type="radio"/> Dr.</p> <p><b>MANDATORY</b><br/>Owner's Name (last, first, middle) _____</p> <p><b>MANDATORY</b><br/>Y Y Y Y / M M / D D _____ <b>MANDATORY</b><br/>Date of Birth _____ Social Insurance Number _____</p>   |  |                             |                    |  |  |  |                           |  |           |                             |           |                             |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><b>3 Payment Plan Details</b><br/>Complete for conversion from RSP to RIF or LIRA to LIF/LRIF.</p> <p>RRIF minimum is the minimum annual payment (MAP) as defined by the <i>Income Tax Act</i> for a RIF/LIF.</p> <p>If no date or payment amount is indicated, CI will pay the RIF/LIF minimum during the month of December, and will redeem units proportionately across all funds.</p> <p>If you have any questions about this section please contact CI Client Services 1-800-563-5181.</p> | <p><b>RRIF/LIF/LRIF Payment Instructions</b> (The payment date may be between the 1st and 25th of any month)<br/>Please accept this as my authorization to surrender sufficient units to provide the stated payment (please choose only one)</p> <p> <input type="radio"/> The minimum annual payment (MAP) requirements<br/> <input type="radio"/> The maximum annual gross amount (for LIF/LRIF Plans only)         </p> <p> <input type="radio"/> An annual amount of \$ _____ <input type="radio"/> Gross or <input type="radio"/> Net of fees and withholding taxes         </p> <p>I elect the term of RRIF payments be based on <input type="radio"/> My age <input type="radio"/> Age of my spouse _____ Y Y Y Y / M M / D D<br/>(CI will default to the "My Age" option if not completed) (Please provide spouse's date of birth)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #e0e0e0;"> <th colspan="2" style="text-align: left;">Payment Frequency (Please select only one)</th> <th colspan="2" style="text-align: left;">Payment Start Date</th> </tr> </thead> <tbody> <tr> <td colspan="2"> <input type="radio"/> Monthly    <input type="radio"/> Quarterly    <input type="radio"/> Semi-Annually    <input type="radio"/> Annually         </td> <td colspan="2">Y Y Y Y / M M / D D _____</td> </tr> <tr> <td style="width: 25%;">Fund Code</td> <td style="width: 25%;">Surrender Amount<br/>\$ or %</td> <td style="width: 25%;">Fund Code</td> <td style="width: 25%;">Surrender Amount<br/>\$ or %</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p><b>Payment Method (Please select only one)</b><br/> <input type="radio"/> Deposit directly to bank account    <input type="radio"/> Mail to Owner's address on file    <input type="radio"/> Mail to Owner's alternate address (Indicate address below)</p> <p>_____</p> <p>Address _____ City _____ Province _____ Postal Code _____</p> | Payment Frequency (Please select only one) |                             | Payment Start Date |  | <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-Annually <input type="radio"/> Annually |  | Y Y Y Y / M M / D D _____ |  | Fund Code | Surrender Amount<br>\$ or % | Fund Code | Surrender Amount<br>\$ or % |  |  |  |  |  |  |  |  |  |  |  |  |
| Payment Frequency (Please select only one)   |  | Payment Start Date                         |                             |                    |  |  |  |                           |  |           |                             |           |                             |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-Annually <input type="radio"/> Annually   |  | Y Y Y Y / M M / D D _____                  |                             |                    |  |  |  |                           |  |           |                             |           |                             |  |  |  |  |  |  |  |  |  |  |  |  |
| Fund Code  | Surrender Amount<br>\$ or %  | Fund Code                                  | Surrender Amount<br>\$ or % |                    |  |  |  |                           |  |           |                             |           |                             |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |                             |                    |  |  |  |                           |  |           |                             |           |                             |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |                             |                    |  |  |  |                           |  |           |                             |           |                             |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |                             |                    |  |  |  |                           |  |           |                             |           |                             |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><b>4 Banking Information</b><br/>Please attach a void cheque</p>  | <p>Withdrawals <input type="radio"/> Deposit directly to bank account. (You will receive your payment in a more timely manner if you choose this option.)<br/>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.</p> <p>_____</p> <p>Bank Account Owner(s) Name(s) _____ Bank Name _____</p> <p>_____</p> <p>Bank Number _____ Bank Transit Number _____ Bank Account Number _____</p>   |  |                             |                    |  |  |  |                           |  |           |                             |           |                             |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><b>5 Withholding Tax</b></p> <p>*To determine the rates available please visit CI AdvisorOnline at <a href="http://www.ci.com/advisoronline">www.ci.com/advisoronline</a></p>   | <p>Withholding Tax Rate _____% (If the rate specified is less than the legislated minimum rate the minimum rate will apply)</p> <p>If the rate elected is not supported by CI, CI will round down to the next available rate supported by CI. Federal and Provincial rates for Quebec are pre-determined by CI based on the rate inputted above.*</p>  |  |                             |                    |  |  |  |                           |  |           |                             |           |                             |  |  |  |  |  |  |  |  |  |  |  |  |

**6 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.

For a copy of the spousal consent/waiver forms, please visit [www.ci.com](http://www.ci.com), and select "Fund Related Documents" from the "Services" tab. The spousal consent/waiver forms are also available on CI Advisor Online.

**7 Investment Directions**

Only complete to change the funds held in the new Contract

| Gross Amount \$ or % | From: Fund Code (Current Contract) | To: Fund Code (New Contract) |
|----------------------|------------------------------------|------------------------------|
|                      |                                    |                              |
|                      |                                    |                              |
|                      |                                    |                              |
|                      |                                    |                              |
|                      |                                    |                              |

**8 Transaction Authorization**

I, the Applicant of this Contract, authorize CI to act upon any written contribution, surrender or exchange request relating to this Contract. I authorize Sun Life Financial Distributors (Canada) Inc., Sun Life Assurance Company of Canada and any of their agents to act upon any contribution, surrender or exchange request relating to this Contract that they receive orally or by telephone or by electronic means, if they reasonably believe that the request was made by me.

**9 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 Retirement Income Fund (RIF), Life Income Fund (LIF) or Locked-in Retirement Fund (LRIF), 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, LIF or LRIF, the Contract provides that an income will become payable to me, commencing not later than the last day of the first calendar year following the calendar year in which the conversion to a RIF, LIF or LRIF, as applicable, becomes effective. I understand that upon the contractual conversion of a 1987 MVP RRSP Contract to a 1997 MVP RRIF Contract I will now hold units of the same funds offered under the 1997 MVP RRIF, which are subject to higher fees. In addition, upon contractual conversion of an MVP RRSP Contract into a 1997 MVP RRIF Contract, I understand that all terms and conditions, including my maturity and death guarantees, will be based on the provisions of the 1997 MVP RRIF Contract. I declare that all statements and answers made by me on this form are complete and true. I have reviewed and confirmed the accuracy of the information recorded in the electronic Investment Application (if applicable). By signing below, I confirm that I have read and agree to the information and provisions indicated above.

|  |  |
|--|--|
| <b>X</b> MANDATORY                                 | MANDATORY  |
| Signature of Owner                                 | Y Y Y Y / M M / D D                                  |
| _____  | _____  |
| Date   |  |
| <b>X</b>   | <b>X</b>   |
| Signature of Spouse (Required for Locked-In Plans) | Signature of Irrevocable Beneficiary (If applicable) |
| _____  | _____  |
| <b>X</b> MANDATORY                                 |  |
| Signed at (City and Province)                      |  |
| _____  |  |

**10 Dealer and Representative Information**

Sun Life Financial Distributors (Canada) Inc.

|                                |                       |
|--------------------------------|-----------------------|
| Dealer's Name                  | Representative's Name |
| _____                          | _____                 |
| 3379 -                         |                       |
| Dealer - Representative Number |                       |
| _____                          |                       |
| <b>X</b> MANDATORY             | Y Y Y Y / M M / D D   |
| Representative's Signature     | Date                  |
| _____                          | _____                 |